



Philip Smith
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Citizen's Complaint Form

Today's Date: _____

Name: _____

Address: _____

Primary Phone Number: _____ Other Phone Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Case or Citation Number of Incident: _____

Were You Arrested or Cited as a Result of This Incident? Yes: _____ No: _____

Involved Officer(s) Name(s) (if Known): _____

Further Description of Involved Officer(s) (Uniformed or Plain Clothes, Vehicles, Physical Etc.) _____

Witness Information: (If anyone witnessed this incident enter their information here) _____

