



MICHAEL D. HANSHAW  
CHIEF OF POLICE

**Citizen Complaint Form**

Name of Employee: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Type of Complaint: \_\_\_\_\_ Illegal Conduct?    Yes    No

Incident Location: \_\_\_\_\_

Incident Number: \_\_\_\_\_

N/A if No Incident Number Applies

Name of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Phone Number(s) of Complainant: \_\_\_\_\_

Other Witnesses to Incident: (Names and Phone Numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Narrative of Incident: (attach additional narrative if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Receiving Complaint (print name/ star #/ signature)

\_\_\_\_\_  
Date