**Millstadt Police Department**

Date of this report:

**Complaint Against Department Member**

D.O.B. (optional)

Name of Complainant (optional - please print)

Home Phone:

Address:

Business Phone

Employer:

Address Where Incident Occurred

Date and Time of Incident

Name of Person(s) You Are Complaining About if Known

1. 2.

3. 4.

Date

If So, Whom:

Have You Reported This To Anyone Previously?

 

**Persons Who Actually Saw Event (Including Self)**

**Phone**

**Address**

**Name**

**Home**

**Business**

**Home**

**Business**

=

**Home**

**Business**

**Home**

**Business**

**Home**

**Business**

Print Summary of Occurrence of Which You Are Complaining:

CONTINUATION OF SUMMARY

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

Complainant’s Initials (Optional)

Signature of Complainant (Optional)

Please read and mark the following statements which apply:

\_\_\_\_\_\_ I understand, and it is my desire, that this complaint be investigated diligently. I declare that the allegations contained in this complaint are true.

\_\_\_\_\_\_ The complainant in this matter is either unknown, unable, or is unwilling to swear out the affidavit. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.

Notary Signature (Optional)

x Seal

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

The signature of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,was subscribed and sworn before me this\_\_\_\_\_

Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_\_.

Time:

Date:

ID No.

Person receiving complaint

**RECEIPT ACKNOWLEDGED**

**DISTRIBUTION**

 **Original to Chief of Police**

 **Copy to Investigative File**

Supervisor

Signature

Signature

Chief of Police