

# COMMUNITY COMPLAINT REPORT

## PECULIAR POLICE DEPARTMENT

<b>Date /Time of Occurrence</b>	<b>Location of Occurrence</b>	<b>Report or Ticket #</b>
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### COMPLAINANT

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Date of Birth</b>
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<b>Address</b>	<b>City</b>	<b>State/Zip</b>	<b>Phone #</b>
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### NAME OF DEPARTMENT MEMBER YOUR COMPLAINT IS ABOUT

<b>Officer's Name</b>	<b>Badge #</b>
<b>Officer's Name</b>	<b>Badge #</b>
<b>Officer's Name</b>	<b>Badge #</b>

**PLEASE DESCRIBE THE DETAILS OF YOUR COMPLAINT**  
*(Print below or attach a separate report)*

*(CONTINUE ON BACK)*

**I HEREBY CERTIFY THAT THE STATEMENTS GIVEN BY ME HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE.**

**SIGNATURE OF COMPLAINANT** \_\_\_\_\_