

RUSSELLVILLE POLICE DEPARTMENT CITIZEN COMPLAINT FORM

Your Name _____

Home Address _____ Phone () _____

Work Address _____ Phone () _____

Today's Date _____ Date and Time of Incident _____

Name(s) of Police Employee(s) Involved (if Known) _____

Was you or someone else arrested in this incident? Yes No Who? _____

Name(s) of Witness(s) _____

Address _____

Phone () _____ () _____

Additional witness information attached.

DO NOT WRITE BELOW THIS LINE DEPARTMENT USE ONLY

Supervisor's Comments: _____

Name of Supervisor receiving complaint: _____

Copy to Complainant? YES NO Date _____ Emp. Int. _____

Forwarded to the Chief. Date _____ Emp. Int. _____

