

ST. ALBANS POLICE DEPARTMENT CITIZENS COMPLAINT FORM

If interpreter services are required it is incumbent on the receiving employee to arrange.

DATE OF COMPLAINT: _____			RECEIVING EMPLOYEE: _____		
NAME OF CITIZEN/OFFICER MAKING COMPLAINT: _____					
STREET ADDRESS: _____			STATE: _____		ZIP CODE: _____
HOME TELEPHONE NUMBER: _____			E-MAIL: _____		
CELL PHONE NUMBER: _____			WORK PHONE NUMBER: _____		
LOCATION OF INCIDENT _____					
DAY/DATE OF INCIDENT _____			TIME OF INCIDENT _____		
NAME OF OFFICER/STAFF INVOLVED (if known):					
1. _____					
2. _____					
3. _____					
DESCRIPTION OF OFFICER/STAFF, IF NAME IS UNKNOWN:					
<input type="checkbox"/> RACE _____		<input type="checkbox"/> UNIFORM DESCRIPTION			
<input type="checkbox"/> GENDER _____		<input type="checkbox"/> PLAIN CLOTHES DESCRIPTION			
<input type="checkbox"/> HEIGHT _____		<input type="checkbox"/> VEHICLE			
<input type="checkbox"/> BUILD _____					
<input type="checkbox"/> HAIR COLOR _____					
WITNESS NAME: _____		ADDRESS: _____		PHONE: _____	
WITNESS NAME: _____		ADDRESS: _____		PHONE: _____	
SUMMARY OF COMPLAINT:					

Sign: _____

Date: _____

Witness: _____

Complaint Classification (Initial) Minor: _____ Serious: _____ Informationl: _____