

TREMONT CITY POLICE DEPARTMENT

26 E. MAIN ST.- P.O. BOX 93 - TREMONT CITY, OHIO 45372

(937) 969-8281

Citizen Complaint Form

Complainant's Information

Name

(First,Middle,Last)_____

Address (Current)_____

Telephone No.:(home)_____ (work)_____ (cell)_____

Location of complaint:_____

Date of Incident(s) from _____ to _____.

Approximate time of Incident(s)__:__:__ am/pm to__:__:__ am/pm_____

Name or description of officer(s) involved in the incident_____

Witnesses to the incident (Name, address, phone no.)

1. _____

2. _____

3. _____

NARRATIVE:_____

(continue on reverse if more space is needed)

I swear and affirm that all the information that I have provided is true and correct to the best of my knowledge. I understand that I will be held responsible if I enter a false complaint or include information that is untrue or fictitious.

COMPLAINANT'S SIGNATURE_____

