

Rowley Police Department Citizen Complaint Form

Name of Complainant:				Complaint #	
Residence Address:				Page ____ of ____ Pages	
Home Phone: Work Phone:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Race:	DOB:
Business Name and Address:					
Name of Employee Complained Against:			Rank:	ID #:	Cruiser #:
Description of Employee (if name unknown):					
Date of Incident:	Time of Incident: AM <input type="checkbox"/> PM <input type="checkbox"/>		Location of Incident:		
Name of Witness:		Address:		Telephone:	
Name of Witness:		Address:		Telephone:	
Description of Incident:					

<p>I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate and complete to the best of my knowledge and belief. I am <input type="checkbox"/> am not <input type="checkbox"/> willing to testify at any hearing involving this complaint .</p> <p style="text-align: right;">Date: _____</p> <p>_____</p> <p>Signature Signature of Parent of Guardian (if minor)</p> <p style="text-align: center;">Signed under the pains and penalties of perjury.</p>	
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Official Use Only

Date and Time Report Received:	AM <input type="checkbox"/> PM <input type="checkbox"/>	Signature of Officer Receiving Report
<p>Sustained <input type="checkbox"/> Not Sustained <input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/></p>		