CITIZEN COMPLAINT FORM
Marthasville Police Department

Time & Date of Occurrence	Location of Occurrence			Tickets or Report Numbers, etc.
Complainant's Name Last First			Address	Telephone Number
City	State	Zip Code	Employers Name	Telephone Number
Co-Complainant's Name	Address		City/ST/Zip	Telephone Number

Name of Police Department Member Complained of If unknown provides description of officer and type of duty performed, e.g., auto, detective, etc.)	Circle	Badge or Serial No.	Element of Assignment
	B S		
	B S		
	B S		

Name of Witness	Address	Relationship	Telephone No.

Details of Complaint (Use reverse side of form if more space is required.

I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making false declarations to public servants or untrue statements under oath or affirmation are punishable by law as a felony or misdemeanor. THIS FORM MUST BE SIGNED BY THE COMPLAINANT.

Signature of Complainant_____

INSTRUCTION FOR COMPLAINANT: You will be contacted in the near future regarding the investigation of your complainant.

Attorney Name	Address	Telephone Number	☐ Present with Complainant ☐ Filed Complaint (Check if Applicable)

Signature of Co-Complainant, attorney, parent or guardian_____

Depart Member Receiving Complainant	

Rank Signature_____

Badge#	Date	Time	Location