

COMMENDATION/ COMPLAINT FORM FOR CITIZENS

Nature:		OCA #:
Citizen's Name:		Race & Sex:
Home Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	
Other Phone:		
If applicable, please list other complaints and/or witnesses:		
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Officer/Employee Involved:		Division:
Officer/Employee Involved:		Division:
Location of Incident:		
Date & Time of Incident:		
Complaint Received By:		Date:
Forwarded for Resolution to:		From:
Re-Forwarded for Resolution to:		From:
Summary of Incident: (_Additional Information Attached)		
Resolution: (_Additional Information Attached)		
Citizen Notified by: Phone Mail		
Officer submitting from to Chief Deputy:		Date:

