CC-_____-_____

NORTHLAKE POLICE DEPARTMENT

CITIZEN COMPLAINT

DATE:_____

COMPLAINANT'S NAME:_____
(First) (Last) (Middle Initial)

DATE OF BIRTH:_____

ADDRESS, CITY/ZIP CODE:_____

_____

HOME PHONE:_____ BUSINESS PHONE:_____

PAGER:_____ CELL PHONE:_____

LOCATION OF INCIDENT:_____

DATE OF INCIDENT:_____ TIME OF INCIDENT:_____ AM PM

COMPLAINT AGAINST:

NAME:_____ RANK:_____ BADGE:_____

NAME:_____ RANK:_____ BADGE:_____

NAME:_____ RANK:_____ BADGE:_____

COMPLAINT: Please include full names, addresses and telephone numbers of any other witnesses to this incident. Be as detailed as you possibly can. Include times, locations, dates, etc.

_____

_____

_____

_____

_____

_____

_____

(Continued on Reverse Side)

CC-_____-_____

(Continued from Reverse Side) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I HAVE READ (OR HAVE HAD READ TO ME) THE ABOVE STATEMENT, CONSISTING OF _____ PAGES, AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

_____ Member Receiving Complaint

_____ Signature of Complainant (Optional)

_____ Date & Time

_____ Date & Time

Filing a false report could be a crime.