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NORTHLAKE POLICE DEPARTMENT

CITIZEN COMPLAINT

		DATE:		
COMPLAINANT'S N	AME:(First)	(Last)	(Mi	iddle Initial)
DATE OF BIRTH:				
HOME PHONE:		BUSINESS PHO	NE:	
PAGER:		CELL PHONE:		
OCATION OF INCI	DENT:			
DATE OF INCIDENT	:	TIME O	F INCIDENT:	AM PM
COMPLAINT AGAIN	ST:			
NAME:		RANK:	BADGE:_	
NAME:		RANK:	BADGE:_	
NAME:		RANK:	BADGE:_	
witne			telephone numbers o you possibly can. In	
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(Continued from Reverse Side)	
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I HAVE READ (OR HAVE HAD READ TO PAGES, AND IT IS TRUE TO AND BELIEF.) ME) THE ABOVE STATEMENT, CONSISTING OF THE BEST OF MY KNOWLEDGE, INFORMATION
Member Receiving Complaint	Signature of Complainant (Optional)
Date & Time	Date & Time
Filing a false report could be a crime.	

Citizen Complaint Form 245 June 29, 2021