

SPOONER POLICE DEPARTMENT

POLICE / CITIZEN COMPLAINT FORM

SUBJECT OF INVESTIGATION; _____
LAST NAME
FIRST
INITIAL

<u>COMPLAINANTS NAME</u>		<u>HOME ADDRESS:</u>		<u>HOME PHONE NO.#</u>
LAST	FIRST	NUMBER	STREET	
			CITY, STATE	ZIP
WITNESSES OR OTHER COMPLAINANTS:				
LAST	FIRST	NUMBER	STREET	TELEPHONE # (H)
LAST	FIRST	NUMBER	STREET	TELEPHONE #(H)
LAST	FIRST	NUMBER	STREET	TELEPHONE #(H)

(IF ADDITIONAL SPACE FOR WITNESSES IS NEEDED, ATTACH SEPARATE SHEET)

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DETAILS OF THE COMPLAINT (PLEASE BE SPECIFIC):

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DETAILS OF THE COMPLAINT (cont):

