

INDEPENDENCE POLICE DEPARTMENT CITIZENS COMPLAINT REPORT

Date of Report	Time Report Taken	Reporting Employee				
Complainant Name		Complainant Home Address				
Home Telephone		Complainant Business Address				
Complaint Received <input type="checkbox"/> Telephone <input type="checkbox"/> Walk-In <input type="checkbox"/> Other						
Business Telephone			Date of Birth			
Date of Incident and Time						
Location						
Name(s) of Officers or Employees Involved						
Description if Name Unknown:		Race	Sex	Age	Hgt	Wgt
Dress						
Vehicle Number and/or Description						
Witnesses: Name		Address		Phone #		
Witnesses: Name		Address		Phone #		
Witnesses: Name		Address		Phone #		
Natures of Complaint:						

I do hereby affirm that the above information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegation herein made by me in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint may subject me to civil and/or criminal prosecution. I fully realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of Independence Police Department to discuss this complaint. I agree that should any Administrative Hearing or Court proceedings result from the Investigation of my complaint, to make myself available to present testimony at such hearings if requested to do so.

Sign: _____ Date: _____ Witness: _____