



I.A. Case Number:

Officer Assigned:

Date:

Time:

Please fill out form as completely as you can. If you do not know what to put in the blanks, please leave empty.
Remember to sign and date the form.

THE SIGNATURE MUST BE AFFIRMED OR NOTARIZED PER THE OPTIONS ON PAGE 2.

Complaint Information

Name: _____ DOB: _____ Age: _____ Gender: M F

Home Phone#: _____ Business Phone#: _____

Other Phone: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Employee Information

Name: _____ Unit#: _____ ID#: _____

Division: _____ Shift: _____ Rank: _____

Name: _____ Unit#: _____ ID#: _____

Division: _____ Shift: _____ Rank: _____

Incident Information

Where did the incident occur?

Date/Time: _____ CAD#: _____ Police Report#: _____

Complaint:



MUST BE AFFIRMED OR NOTARIZED, OPTION 1:

Your Full Name

I, _____ under the penalties of perjury, state that the above statement is true to the best of my knowledge, except in matters stated on information and belief, and to those matters I believe them to be true. I further state that no threats or promises have been made to me to induce me to make this statement, I understand that I may be requested to take a polygraph examination to substantiate my complaint.

Signature: _____ Date: _____

OPTION 2:

Signature _____ Date _____

Printed Name _____

State of _____

County of _____

Before me, a Notary Public, in and for said County and State, personally appeared before me:

(Full Name) _____, who executed the above complaint, and acknowledge that such execution was of his/her free act and deed.

IN WITNESS WHEREOF, I here unto set my hand and seal this _____ day of _____, _____.

(Seal, if any)

Signature of Notary Public _____

Printed Name _____

Title and Rank _____

My Commission Expires _____

