GRANDVIEW POLICE CITIZEN COMPLAINT FORM

COMPLAINT NO. _____

(FOR POLICE DEPARTMENT USE ONLY)				
DATE REPORTED	**TIME REPORTED**	**DATE OCCURRED**	**TIME OCCURRED**	**LOCATION**
Indicate any forms prepared (Arrest reports, Offense Reports, Internal Affairs Invest., etc.)				
Complaint received by:	**Signature of Shift Commander**		**Signature of Division Commander**	
Investigating Officer	**Date Assigned**	**Result**		

Complainant's Name (Last, First, MI)	Address		Telephone Number
Name of Witness	Address	Relationship	Telephone No.
Name of Witness	Address	Relationship	Telephone No.
DETAILS OF COMPLAINT (use additional page if more space is required			
Signature of Complainant	Witness	Date	

INSTRUCTIONS FOR COMPLAINANT: Your signature is an affirmation that the statements and information in this report are true and correct!