

COMPLAINT FORM

DATE: _____

COMPLAINANT: _____

ADDRESS: _____ PHONE: _____

DEFENDANT: _____

ADDRESS: _____ PHONE: _____

DATE OF INCIDENT: _____

COMPLAINT SUMMARY

OFFICE USE ONLY:

INVESTIGATION FINDINGS

CASE#: _____ PICTURES TAKEN: ____yes or ____no

ACTION TAKEN: _____

SIGNATURE: _____ DATE: _____