

PUBLIC REPORT/COMPLAINT TO WALTON POLICE DEPARTMENT

Please call 911 to log this report/complaint and fill this form out as completely as possible. (If you are not willing to complete the form, the City Personnel on duty are **required** to complete it.)

First Name MI Last Name date of report/complaint

Your Address City, State ZipCode phone number

Other person(s) reporting alt phone number

Location of incident Date of incident

Brief description of incident:

(Continue description on the back of this form if necessary)
-----office use only-----

City Personnel accepting / making report (circle one) date & time am / pm

Given to WPD OFFICER: _____
date & time am / pm

FOLLOW UP BY WPD _____

