CITIZEN COMPLAINT REPORT

Claycomo Police Department
115 E. U.S. 69 Hwy
Claycomo, MO

Instructions: Complete this report anytime that a citizen has a complaint about a member(s) of the Department. After completion, forward this form to the Office of the Chief of Police.

Date of Report	Time Taken	Reporting Employee
Complainant Name	Complainant Home Address	
Home Telephone	Complainant Business Address	
Complaint Received Telephone ☐ Walk-In ☐ Other ☐	Business Telephone	Date of Birth
	Date of Incident	Time of Incident
	Incident Location	

Name(s) of Officer or Employees Involved

Description if Name Unknown: Race Sex Age Hgt Wgt

Clothing Attire

Vehicle Number and/or Description

Witness Name	Address	Phone/Res:
Witness Name	Address	Phone/Res:
Witness Name	Address	Phone/Res:

Nature 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, either orally or in writing, to any person or persons investigating this complaint will subject me to criminal and/or civil 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 Claycomo 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 hearing if requested to do so.

Signature	Date	Witness

CITIZEN COMPLAINT REPORT (Contined)