



Joe Freyhof  
Chief of Police

# RUSSELLS POINT POLICE DEPARTMENT

"Justice achieved through Knowledge, Integrity, Honesty & Professionalism"

## CITIZEN COMPLEMENT AND COMPLAINT FORM

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_  
Time of Incident: \_\_\_\_\_ Nature/Type of Incident: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_ Car #: \_\_\_\_\_

### REPORTING PERSON INFORMATION

Name (Last, First, MI): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
DOB: \_\_\_\_\_ Written Statement: ☐ Yes ☐ No A/V Statement ☐ Yes ☐ No  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### WITNESS INFORMATION

Witness #1 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Written Statement: ☐ Yes ☐ No A/V Statement: ☐ Yes ☐ No  
Witness #2 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Written Statement: ☐ Yes ☐ No A/V Statement: ☐ Yes ☐ No

### DETAILS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Date:

My signature verifies that the information on this report is accurate and true