

# RAYTOWN POLICE DEPARTMENT CITIZEN'S COMPLAINT REPORT

DATE OF REPORT	TIME RECEIVED	RECEIVING OFFICER/ EMPLOYEE
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**COMPLAINANT INFORMATION**

LAST NAME	FIRST NAME	M.I.	BIRTH DATE
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ADDRESS	CITY	STATE	ZIP
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HOME PHONE	WORK PHONE	BEST TIME TO CONTACT
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**NAME(S) OF EMPLOYEE(S) INVOLVED (DESCRIPTION IF NAME IS UNKNOWN)**

NAME	EMPLOYEE #	VEHICLE #
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NAME	EMPLOYEE#	VEHICLE#
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**WITNESSES**

NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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LOCATION OF INCIDENT	DATE / TIME OCCURRED
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**COMPLAINT RECEIVED (CHECK ONE)**

IN PERSON	TELEPHONE	MAIL	OTHER(SPECIFY)
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**BRIEF DESCRIPTION OF INCIDENT**

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**COMPLAINANT'S AFFIRMATION**

I do solemnly swear or affirm that the above information is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that if the investigation proves the allegations were known by me to have been false when the complaint was signed that the accused employee(s) may pursue legal remedies against me. I fully realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of the Raytown Police Department. 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 hearings if requested to do so.

**COMPLAINANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**A COPY OF THIS REPORT WILL BE GIVEN TO THE CITIZEN UPON COMPLETION AS A RECEIPT OF THIS COMPLAINT**

FOR DEPARTMENT USE ONLY  
 COMPLAINT RESOLVED: YES \_\_\_\_\_ NO \_\_\_\_\_ REFERRED TO OTHER AUTHORITY \_\_\_\_\_

**DESCRIBE RESOLUTION OR REFERRAL** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DIVISION COMMANDER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_