



WITNESS COMPLAINT FORM

Incident No: _____

Your Name: _____ Age: _____ DOB: _____

Your Address: _____ City/State/Zip: _____

Home Number: _____ Work Number: _____ Other: _____

Where did the incident occur?: _____

Who was involved? (List names, DOB, addresses (if known) and description): _____

What happened? (Please be specific. Include who, what, where, when, why and how): _____

I swear this statement is true and correct to the best of my knowledge:

Witness

Officer and Badge No.

Witness Date & Time

Officer Date & Time

