INSTRUCTIONS FOR COMPLAINANT: Prepare this report in your own handwriting.

Complainant’s Name:  
Address:  
Telephone Number: 

Employer’s Name:  
Business Address:  
Occupation:  
Telephone Number: 

Time and Date Reported:  
Location Where Received:  

Complaint Made:  
In Person:  
Mail:  
Telephone: 

Representative / Interpreter:  
Person Assisting:  
Address:  
Telephone Number: 

Name of member / employee complained of and ID Number (if known, provide description of member / employee and type of duty performed, e.g.: foot, auto, etc.)  

Time and Date Occurrence:  
Location of Occurrence: 

Name of Witness:  
Address:  
Relationship:  
Telephone 

Name of Witness:  
Address:  
Relationship:  
Telephone 

Number: Details of Complaint: (In your own handwriting, write a brief story of what happened. Use the reverse side of this form if more space is required.)  

Rank:  
Signature of Complainant:  
Signature of Person Assisting Complainant:  
Signature of Supervisor:  