

Baxter Police Department Citizens Complaint Report

Your Name: _____

Home Address: _____

Work Address: _____

(H) Phone: () _____ (W) Phone: () _____

Location Of Incident: _____

Name(s) of Police Employee(s) Involved: _____

Today's Date: _____ Date & time Of Incident: _____

Name(s) of Witness(s): _____

Address: _____

Phone: () _____ () _____

Additional witness information attached

Did you speak to a supervisor at the Baxter Police Department ? Yes No

Would you like to speak to a supervisor prior to making a formal complaint ? Yes No

If you've already spoken to a supervisor, name of supervisor: _____

FOR DEPARTMENT USE ONLY

Supervisor Comments: _____

Name of supervisor receiving complaint: _____

Copy to complainant ? Yes No Date: _____

Forwarded to Assistant Chief ? Yes No Date: _____

Baxter Police Department Citizens Complaint Report

Statement Of Incident

Statement of: _____

Written by: _____

Date: _____ Time: _____

Narrative

Signed: _____ Additional documents attached