

COMPLAINT REPORT

Date _____

Time _____

Person making complaint:

Name _____

Address _____

Phone # _____

Complaint:

Witness, if any:

Name _____

Address _____

Phone # _____

Police Notified Yes No

If yes, name of officer _____ Called By _____

Date notified _____

Action taken by police:

Signature of Person Writing Complaint

Signature of Person Writing Complaint