



I.A. Case Number:

Officer Assigned:

Date:

Time:

Please fill out form as completely as you can. If you do not know what to put in the blanks, please leave empty.  
**Remember to sign and date the form.**

**THE SIGNATURE MUST BE AFFIRMED OR NOTARIZED PER THE OPTIONS ON PAGE 2.**

**Complaint Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

SSN: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Business Phone#: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employee Information**

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_ ID#: \_\_\_\_\_

Division: \_\_\_\_\_ Shift: \_\_\_\_\_ Rank: \_\_\_\_\_

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_ ID#: \_\_\_\_\_

Division: \_\_\_\_\_ Shift: \_\_\_\_\_ Rank: \_\_\_\_\_

**Incident Information**

Where did the incident occur?

Date/Time: \_\_\_\_\_ CAD#: \_\_\_\_\_ Police Report#: \_\_\_\_\_

**Complaint:**

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**MUST BE AFFIRMED OR NOTARIZED, OPTION 1:**

*Your Full Name*

I, \_\_\_\_\_ under the penalties of perjury, state that the above statement is true to the best of my knowledge, except in matters stated on information and belief, and to those matters I believe them to be true. I further state that no threats or promises have been made to me to induce me to make this statement, I understand that I may be requested to take a polygraph examination to substantiate my complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTION 2:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, a Notary Public, in and for said County and State, personally appeared before me:

(Full Name) \_\_\_\_\_, who executed the above complaint, and acknowledge that such execution was of his/her free act and deed.

IN WITNESS WHEREOF, I here unto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal, if any)

Signature of Notary Public \_\_\_\_\_

Printed Name \_\_\_\_\_

Title and Rank \_\_\_\_\_

My Commission Expires \_\_\_\_\_

