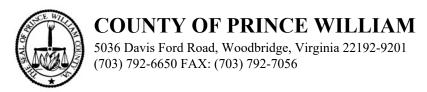




	MEI	MBER	INFOR	MATION						
Member Name (Last, First, Middle)							Code #		Race	Sex
Member Name (Last, First, Middle)							Code #		Race	Sex
COMPLIM	ENT/CO	MPLA	INT CO	NTACT II	NFORMAT	TION				
Compliment/Complainant Name (Last, First, Middle)				Race	Sex	Date of Birth	1	Social	Security #	
				Ethnicity Employer/O			ccupation/School			
City State Zip				Home Phone Number Business I			Phone Number Cellular Phone Number			
	WIT	NESS	INFOR	MATION						
Witness #1 Name (Last, First, Middle)				Race	Sex	Date of Birth	1	Social	Security #	
Address (Number, Street)	lumber, Street) Apt			Ethnicity]N 🔲 U	Employer/Occupation/School				
City	State	Zip			ne Number	Business Phone Number Cellular Phone Number				
Witness #2 Name (Last, First, Middle)				Race	Sex	Date of Birth	1	Social	Security #	
Address (Number, Street) Apt			Ethnicity Employer/Occupation/School							
City	State	Zip		Home Pho	ne Number	Business Phone Number Cellular Phone Number			Number	
Witness #3 Name (Last, First, Middle)				Race	Sex	Date of Birth	1	Social	Security #	
Address (Number, Street) Apt			Ethnicity							
City	State	Zip F		Home Phone Number		Business Phone Numbe		ber Cellular Phone Number		
I,, do hereby affi belief. I understand that any false, misleading or untrue s orally or in writing, to any person or persons investigating	tatement	ne infor s, accus	ations o	provided l or allegatio	ns herein r	nade by me,	in relation	to thi	of my knowle s complaint,	dge and either
Signature	Date				Time					
Received By:	Date:				Time:					





CITIZEN COMPLIMENT/COMPLAINT FORM NARRATIVE									
Date of Incident	Time of Incident	Location of Incident							
STATE YOUR SPECIFIC COMPLIMENT OR COMPLAINT AND FULLY DESCRIBE THE CIRCUMSTANCES:									