

# COMPLAINT REPORT

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ REPORTED TO: \_\_\_\_\_

REPORTED BY:

**YOUR NAME:** \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ UNTIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP TO INJURED PARTY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**SPECIFIC LOCATION OF INCIDENT:** \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

OFFENDERS NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

DETAILS OF COMPLAINT:

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RECOMMENDATION FOR DISPOSITION:

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DISPOSITION OF COMPLAINT:

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**PATROLLER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_