

Graham Police Department

Citizen Complaint Form

Name of Complainant DOB

Home Address

Home Phone Business Phone

Name of Employer Date of Incident

Time of Incident Location of Incident

If the complaint is made on behalf of a minor child, provide the following information :

Name of Minor Child DOB

Complainant's Relationship to Minor

Name(s) of Employee(s) Involved

Employee Names

Description of Employee if Name Unknown:

Race Sex

Height Weight Vehicle # Clothing

Witness (s) Name Home Phone # Business Phone #

Address

Witness (s) Name Home Phone # Business Phone #

Address

Details of Complaint (be specific):

(Continue on back if necessary)

Employee taking Complaint Date Time

Signature of Complainant _____ **COMPLAINT #**