CITIZEN REPORT FORM

DATE		CASE NUMBER	
COMPLAINANT'S NAME		ADDRESS	
CITY	STATE	ZIP	TELEPHONE NUMBER

The Clearwater Police Department endeavors to impartially adjudicate complaints involving its employees. To expedite this process and gather the facts involved as accurately as possible, you are asked to provide a written statement regarding your complaint. In the space below, specifically identify the basis for your complaint and provide as much detail as possible concerning the incident. Keep a copy for your records and return the original in the envelope provided within 10 days. Upon receipt of your statement, the Clearwater Police Department acknowledges it will investigate the complaint to the fullest extent possible. Failure to complete and return this form as prescribed may result in dismissal of your complaint.

Any questions you may have in the interim should be directed to the following person:

_____ POLICE CHIEF

_____ TELEPHONE NUMBER

TIME & DATE OF INCIDENT

_____

DETAILS OF COMPLAINT
Please print legibly or type. Use additional sheet if necessary.

I hereby certify the statements given by me herein are true and accurate to the best of my knowledge. Further, I further understand making false statements may constitute a violation of law.

SIGNATURE OF COMPLAINANT _____ DATE _____

FORWARDED TO _____ ON _____ (DATE) BY _____