



GRAFTON POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION:

Complainant's Name: _____

Address: _____

Telephone Number: __ (____) _____

Other Contract Number: __ (____) _____

SUSPECT INFORMATION:

Suspect's Name: _____

Address: _____

Suspect's Description: Hgt: _____ Wgt: _____ Eyes: _____

Hair: _____ Sex: _____ Race: _____

Other: _____

Date of Offense: _____ Time of Offense: _____

Law/Ordinance allegedly violated:



GRAFTON POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

Witnesses to this incident:

Name: _____

Address: _____

Telephone Number: __ (____) _____

Witnesses to this incident:

Name: _____

Address: _____

Telephone Number: __ (____) _____

Have you spoken to the police about this complaint? YES or NO

If yes, which officer? _____

Do you have in your possession any physical evidence of this incident? Yes: _____ No: _____

If yes, describe:

Was there a vehicle involved?

Yes: _____ No: _____

Description: _____

