



GRAFTON POLICE DEPARTMENT CITIZEN COMPLAINT FORM

CASE # _____

COMPLAINANT'S NAME: _____

NOTICE:
This Page is For Department Use Only

DATE COMPLAINT RECEIVED: _____

OFFICER ASSIGNED TO COMPLAINT: _____

ACTION TAKEN: _____

Officer's Signature

Date

Complainant's Name: _____

Address: _____

Telephone Number: () - _____

Other Contact Number: () - _____

Suspect's Name: _____

Address: _____

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

Hair: _____ Sex: _____ Race: _____

Other: _____

Date of Offense: _____ Time of Offense: _____

Law/Ordinance allegedly violated: _____

Witnesses to this incident:

Name: _____

Address: _____

Phone #: (_____) _____ - _____

Witnesses to this incident:

Name: _____

Address: _____

Phone #: (_____) _____ - _____

Witnesses to this incident:

Name: _____

Address: _____

Phone #: (_____) _____ - _____

Do you have in your possession any physical evidence of this incident?

Yes: ____ No: ____

Vehicle Involved?

Yes: ____ No: ____ Description: _____

