

# CANTON POLICE DEPARTMENT CITIZENS COMPLAINT REPORT

Date of Report		Time Report Taken		Reporting Employee	
Complainant Name			Complainant Home Address		
Home Telephone			Complainant Business Address		
Complaint Received		<input type="radio"/> Telephone	<input type="radio"/> Walk-In	<input type="radio"/> Other	
Business Telephone:			Date of Birth:		
Date of Incident and Time:					
Location:					
Name(s) of Officers or Employees Involved:					
Description if Name Unknown:		Race:	Sex:	Age:	Hgt:
					Wgt:
Dress:					
Vehicle Number and/or Description					
Witnesses Name		Address		Phone #	
Witnesses Name		Address		Phone #	
Witnesses Name		Address		Phone #	
Nature(s) of Complaint:					

I do hereby affirm that the above information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations herein made by me in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint may subject me to civil and/or criminal prosecution. I fully realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of Canton Police Department to discuss this complaint. I agree that should any Administrative Hearing or Court proceedings result from the investigation of my complaint, to make myself available to present testimony at such hearings if requested to do so. (See back for narrative)

Complainants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

