

AVON POLICE DEPARTMENT
CITIZEN COMPLAINT REPORT

COMPLAINT REGARDING:

COMPLAINANT:

NAME: _____
RANK: _____
ASSIGNMENT: _____

NAME: _____
ADDRESS: _____

COMPLAINT RECEIVED:
DATE: _____ TIME: _____
BY: _____ RANK _____

PHONE: (home) _____
(business) _____
DISTRICT: _____

LOCATION OF INCIDENT:

DATE & TIME: _____

DESCRIPTION OF INCIDENT: (Use additional space, if necessary)

WITNESS - NAMES, ADDRESSES, PHONE NUMBER:

HOW COMPLAINT RECEIVED: PHONE, LETTER, IN PERSON, OTHER: _____

IF OTHER, EXPLAIN: _____

CONDITION OF COMPLAINT - NORMAL, OTHER, EXPLAIN: _____

DISPOSITION - DETAIL ACTION TAKEN: _____

COMPLAINANT'S SIGNATURE: _____ DATE: _____

Subscribed and Sworn Before Me This _____ Day Of _____ 20 _____

SUPERVISOR _____

DISTRIBUTION: (1 copy to Chief of Police) (1 copy to Investigating Officer)