

West Tisbury Police Department Citizen Complaint Form

Name of Complainant:				Complaint	
Residence Address:				Page ___ of ___ Pages	
Home Phone: Work Phone:		Sex: M <input type="checkbox"/> F	Age:	Race:	DOB:
Business Name and Address:					
Name of Employee Complained Against:			Rank:	ID #:	Cruiser #:
Description of Employee (if name unknown):					
Date of Incident:	Time of Incident: AM <input type="checkbox"/> PM <input type="checkbox"/>		Location of Incident:		
Name of Witness:		Address:		Telephone:	
Name of Witness:		Address:		Telephone:	
Description of Incident:					

I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate and complete to the best of my knowledge and belief. I am am not willing to testify at any hearing involving this complaint .

Date: _____

(Signature not obtained, phone conversation)

Signature

Signature of Parent of Guardian (if minor)

Signed under the pains and penalties of perjury.

Official Use Only

Date and Time Report Received:	AM <input type="checkbox"/> PM <input type="checkbox"/>	Signature of Officer Receiving Report
Sustained <input type="checkbox"/> Not Sustained <input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/>		