

Southwick Police Department Citizen Complaint Form

Name of Complaining Person

Address

Date of Birth

Resident Phone

Business Phone

Name(s) Against Whom Complaints Are Made

Badge Number

Description Of Officers:

Time of Incident

Place Where Incident Occured

Nature Of Complaint

Witness: _____ Address: _____

Home Phone: _____ Work Phone: _____

I, the complainant, and I, the witness, state that I am willing to testify at any hearing in regards to the above complaint(s). I read the above complaint(s), and I find it/them to be accurate to the best of my knowledge.

Complainant Signature: _____ Witness Signature: _____ Date _____

Date: _____

Received By: _____

Date Received: _____

File Number: _____