



CITIZEN COMPLAINT FORM

POKAGON TRIBAL POLICE DEPARTMENT		CITIZEN COMPLAINT FORM		
Department POKAGON TRIBAL POLICE DEPARTMENT	Incident Number	Citation Number		
COMPLAINANT				
Name			Alias	
Address				
City		State	Zip	Phone
DOB	Last 4 Digits SSN	Age	Sex	Race
Email Address				
INCIDENT				
Nature of Complaint Excessive Force Search / Seizure Violation False Arrest Driving Disrespect Other _____ Policy # _____				
Complaint Against				Badge Number
Complaint Against				Badge Number
Date	Time	Date / Time Reported		How Reported
Offense / Incident Location			County	State
Description of Offense / Incident (continue below if needed)				
Physical Injuries Yes No If yes, describe injuries:				
Place of Treatment		Doctor's Name		Date of Treatment
Signature of Complainant				Date
DEPARTMENT USE ONLY				
Complaint Received By		ID Number	Date / Time Received	
Complaint Referred To		ID Number	Date / Time Received	



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Department POKAGON TRIBAL POLICE DEPARTMENT	Incident Number	Citation Number	
COMPLAINANT			
Description of Offense / Incident - Continuation			
Signature of Complainant		Date	