



## CITIZEN COMPLAINT FORM

POKAGON TRIBAL POLICE DEPARTMENT			CITIZEN COMPLAINT FORM			
Department POKAGON TRIBAL POLICE DEPARTMENT	Incident Number	Citation Number				
<b>COMPLAINANT</b>						
Name					Alias	
Address						
City			State	Zip		Phone
DOB	Last 4 Digits SSN	Age	Sex	Race	Email Address	
<b>INCIDENT</b>						
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	
<b>DEPARTMENT USE ONLY</b>						
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	
<b>COMPLAINANT</b>			
Description of Offense / Incident - Continuation			
Signature of Complainant		Date	