CITIZEN COMPLAINT FORM

**Please submit as much contact information as possible so we may contact you for additional information and clarification.  You may submit a complaint anonymously, but that could hamper our ability to investigate this incident.**

Your Name 

DOB 

Your Address 

Address 2 

City / Town 

State 

Zip / Postal Code 

Country 

E-mail Address 

Phone Number 

**Please enter any other contact information which will help us contact you during business hours**



**Officer's Name (member about whom you are complaining) if known.**



**Location (address/street name/highway name) where the incident occurred**



**Date the incident in question occurred (Please try to be as specific as possible)**



**Approximate time the incident occurred**



**If the incident involved a WCSO vehicle**

**Plate number of WCSO Vehicle**



**Explain in detail the incident or event (use additional sheets if needed):**

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By signing this complaint, I certify that the information in this complaint is true and accurate to the best of my knowledge and belief. I understand that this is the first step to initiating an investigation and that I may be asked to provide additional information about my complaint or give a recorded statement

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 Signature Date

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| --- |
| Date and Time Received: |
| Received by: Signature: |

Following to be completed by supervisor receiving complaint

Supervisors if the complainant alleges excessive use of force or is reporting he or she suffered injuries you should note any observed injuries and take photographs and or video. Note the date and time the photographs and or video were taken.

Supervisor Notes: