JONESTOWN POLICE COMPLAINT FORM

DATE/TIME OF INCIDENT	LOCATION OF OCCURENCE
EMPLOYEE(S) INVOLVED	
COMPLAINANT/REPORTING PERSON:	ADDRESS:
HOME PHONE:	CELL PHONE:
E-MAIL:	
WITNESS(ES)	ADDRESS:
HOME PHONE:	CELL PHONE:
E-MAIL:	
WITNESS(ES)	ADDRESS:
HOME PHONE:	CELL PHONE:
E-MAIL:	

SUMMARY OF COMPLAINT:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Victim/Complainant Signature Date

_____ _____ _____
Signature of Person taking complaint Date Employee ID #