

Shawnee Township Police Department Citizen Complaint Form

Today's Date: _____ Time Complaint Filed: _____

Complaint made (circle one) In Person Telephone Anonymously

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Social Security # (optional): _____ D.O.B: _____

Date and Approximate Time of the Incident: _____

Location of Incident: _____

Briefly describe the nature of the incident: _____

If known, provide the names of the Officer(s) involved: _____

Please list the name, address and telephone number, if known, of any other persons directly involved in this incident. If more space is needed attach a separate page.

1. _____
2. _____
3. _____
4. _____

Do you know of any witnesses to this incident? YES NO If yes, please list their names and addresses and telephone number below. If more space is needed, attach a separate page.

1. _____
2. _____
3. _____
4. _____

