

CITY OF BLANCHARD

CITIZEN COMPLAINT FORM

Your Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Today's Date: _____ Incident Date: _____

Time of Incident: _____

Location of Incident: _____

Police requested: Y N Police responded: Y N

Name of Officer: _____

Witness Name: _____

Witness Address: _____

Witness Phone: _____

Witness Name: _____

Witness Address: _____

Witness Phone: _____

Witness Name: _____

Witness Address: _____

Witness Phone: _____

CITY OF BLANCHARD

CITIZEN COMPLAINT FORM

Statement of Incident

Statement of: _____

Written by: _____

Date: _____

Time: _____

Narrative

Use additional sheet if necessary

Signed: _____ Date: _____

CITY OF BLANCHARD

CITIZEN COMPLAINT FORM

Alleged Suspect's Name: _____

Alleged Suspect's Address: _____

Alleged Suspect's Phone: _____

Citation prepared by Officer: _____

Citation Number: _____

Court Date: _____

Sent to City Prosecutor by: _____

Date sent: _____

Prosecution : Court date set: Y N

Decline: Y N

Subpoena sent to: Complainant _____

Witness _____

Witness _____

Witness _____

Alleged Suspect _____