Marion Township Police Department Citizen Complaint Form

Today's Date:_____ **Time Complaint Filed:**_____

Complaint made (circle one): **In person** **By telephone** **Anonymously**

Name:_____

Address:_____

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

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

Date and Approximate Time of 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 lists their name addresses and telephone number below. If more space is needed, attach a separate page.

1._____

2._____

3._____

4._____

Please describe, in detail, what your complaint is and how the incident took place. Attach another page if more space is needed.