



DALWORTHINGTON GARDENS DEPARTMENT OF PUBLIC SAFETY

OPS_01

CITIZEN COMPLAINT FORM

Name:		Date of Birth:	Email:
Employer:		Phone Number:	
Incident Date:		Time of the Incident:	
Address Where Incident Occurred:			
Name, If Known, of the DWG DPS employee(s) you are complaining about:			
1. Name:			ID#
2. Name:			ID#
3. Name:			ID#
If name is not known, describe the DWG DPS employee(s) you are complaining about:			
Have you reported this to other officers?		Yes: No:	If so, whom?
Did you Receive a Citation?		Yes: No:	If Yes, Citation Number:
Were You Arrested:		Yes: No:	If Yes, Reason:
Do you have a police report number for this incident?		Yes: No:	If Yes, Number:
Do you know the police car number?		Yes: No:	If Yes, Number:
Witnesses who actually saw the event			
1. Name:	Address:	Phone Number:	
2. Name:	Address:	Phone Number:	
3. Name:	Address:	Phone Number:	
Summary of Event:			
PLEASE READ BEFORE SUBMITTING I understand that it is a violation to willfully make a false report. In the event this report is proven false, the information may be provided to the District Attorney or City Prosecutor for possible prosecution.			
I certify the statement on this form to be a complete, exact and true statement.			

Sworn to and subscribed before me by _____ on this

____ day of _____, 20 ____.

Signature: _____

Date: _____

Notary Public Signature _____

(seal)