EDGEWOOD POLICE DEPARTMENT

Civilian Complaint Form

File Name: Civilian2

I.A. #_____

Complainant: Date____/____/____

Last Name_____ First Name_____ M.I._____
Date of Birth____/____/____ S.S. # _____-_____-_____
Address_____
City_____ State_____ Zip_____
Home Phone #_(____)_____ Work Phone #_(____)_____
Photographs Available Y / N If yes, where?_____
Medical Records Available Y / N If yes, where?_____
Type of Complaint: Attitude – Procedure - Excess Force – Other(specify)_____

Officer:

Last Name_____ First Name_____ Unit#_____
Race_____ Approximate Age_____ Height_____ Weight_____
Physical Description of Officer_____
_____
Reports Filed: UOR_____ Citation_____ Action Report_____ Other_____

Date of Encounter____/____/____ Time of Encounter____:____ A.M / P.M.
Location of Encounter_____

Description of Event (use back of form if needed):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I.A. Investigator:
Complaint Sustained: Y / N
Complainant Advised of Result By:
Complaint Received By: