EDGEWOOD POLICE DEPARTMENT

Civilian Complaint Form

File Name: Civilian2

	I.A. #	
Complainant:		Date//
Last Name	First Name	M.I
Last Name	S.S. #	M.I
Address		
CityHome Phone #_()	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 - Pro	ocedure - Excess Force - O	ther(specify)
Officer:		
Last Name	First Name	Unit#
Last Name Approximate A	ge Height	Weight
Physical Description of Officer		
Reports Filed: UOR Cita	tion Action Repo	ortOther
Date of Encounter/		nter:A.M / P.M.
Description of Event (use ba	ack of form if needed):	
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I.A. Investigator:		
Complaint Sustained: Y/N		
Complainant Advised of Result B	y:	
Complaint Received By:		