|  |  |
| --- | --- |
| **Today’s Date** | Click or tap here to enter text. |
|  |  |
| **Person Filing Complaint** | Click or tap here to enter text. |
|  |  |
| **Phone Number** | Click or tap here to enter text. |
|  |  |

|  |  |
| --- | --- |
| **Filing Method** | |
|  | In Person |
|  | By Phone |
|  | By Email |

|  |  |
| --- | --- |
| **Nature of Complaint** | |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | |
| **Name(s) of Witnesses** | |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | |
| **Brief Description of Incident** | |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
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|  | Click or tap here to enter text. |
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| Signature | Click or tap here to enter text. |  | Date | Click or tap here to enter text. |