

Division of Safety and Security Citizen's Complaint of Actions

Date of Report: ____/____/____

I.A. Case No. _____
FOR INTERNAL USE ONLY

Date of Incident: ____/____/____

PLEASE PRINT:

Complainant's Name: _____ SS#: (Required) _____

Address: _____ City/State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Student's Name: _____ Birth Date: ____/____/____

Location of Incident/School: _____ Student ID #: _____

Time: _____ AM/PM Officers Involved: _____

Arrest(s) Made? _____ What Charges? _____

Did you sustain injuries that required medical attention/treatment? _____ Hospital: _____

WITNESSES:

Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____
City/State/Zip

Student's ID# or Witness' SS#: _____

Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____
City/State/Zip

Student's ID# or Witness' SS#: _____

Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____
City/State/Zip

Student's ID# or Witness' SS#: _____

