

ADRIAN POLICE DEPARTMENT **CITIZEN COMPLAINT FORM**

Office Use Only

Date and Time Received _____ Initials _____

Instructions:

1. Fill out form. Please write legibly.
2. Submit the form to the Adrian City Hall, 16 East 5th Street, Adrian, MO, 64720.
3. You will be contacted for a follow-up interview.
4. However, personal identifying information is optional should the complainant wish to remain anonymous.

Name: _____ Date _____

Date of Birth: _____ Sex: _____ Race: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Location or Address where Incident Occurred: _____

Date of Incident: _____ Time: _____ a.m./p.m. Was Someone Arrested? Yes No

Name of Person(s) Arrested: _____

Witness Name: _____ Phone: _____

Witness Address: _____

Name of Officer(s) Involved: _____

Briefly describe what happened (attach additional sheets of paper if needed):

How would you like to see this complaint resolved? _____
