

WARNING THIS IS NOT A CLAIM FOR DAMAGES FORM

To make a claim for damages contact the City Clerk's Office



ELK GROVE POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

FOR OFFICIAL USE ONLY
File #

Reporting Person (Last, First, Middle)	Race	Sex	DOB (mm/dd/yy)	SSN #
Residence Address (City & Zip Code)				Telephone #
Business or School				Telephone #

Victim of Alleged Incident				
Victim (Last, First, Middle)	<input type="checkbox"/> Same	DOB (mm/dd/yy)	Age	Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address (City & Zip Code)	Telephone #	Attorney or Representative		
Business or School	Telephone #	Telephone #	Telephone #	

Name of Employee (If Known)					
Name	Division	Rank	Badge	Car #	Description
Name	Division	Rank	Badge	Car #	Description
Name	Division	Rank	Badge	Car #	Description

Witnesses		
Name	Address	Telephone # (Business, Cell, Home)
Name	Address	Telephone # (Business, Cell, Home)
Name	Address	Telephone # (Business, Cell, Home)

Details of complaint or criticism: It is important to include as many factual details as possible so the incident may be fully investigated. Please use reverse side of this form if necessar.

Time & Date of Incident	Location of Incident	Crime Report #
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Signature of Reporting Person	Signature of Parent/Guardian (If Under 18 years old)
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Photo's Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many photo's?
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Signature of Person Receiving Complaint	Badge #	Division	Telephone #	Date/Time Received
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Reporting Person (Name)	Date of Complaint
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