



SMITHFIELD POLICE DEPARTMENT

CIVILIAN COMPLAINT FORM

DATE OF COMPLAINT: _____	TIME OF COMPLAINT: _____
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COMPLAINANT	
NAME: _____	DATE OF BIRTH: _____
HOME ADDRESS: _____ _____ _____	HOME TELEPHONE: _____

WITNESS(ES) TO INCIDENT	
(1) NAME: _____	DATE OF BIRTH: _____
HOME ADDRESS: _____	HOME TELEPHONE: _____
(2) NAME: _____	DATE OF BIRTH: _____
HOME ADDRESS: _____	HOME TELEPHONE: _____

EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)	
RANK/NAME: _____	BADGE NO: _____
RANK/NAME: _____	BADGE NO: _____

LOCATION OF COMPLAINT	
LOCATION: _____	
DATE OF INCIDENT: _____	TIME OF INCIDENT: _____ AM _____ PM

(SEE OTHER SIDE)

NARRATIVE SECTION NATURE OF COMPLAINT (Print or Type)

(USE ADDITIONAL PAGES, IF NECESSARY)