WATERTOWN POLICE DEPARTMENT

119 S. MAPLE STREET WATERTOWN, SD 57201

CIVILIAN COMPLAINT REPORT

INSTRUCTIONS: The on-duty supervisor will assist the complainant in completing the appropriate portions of this form in any complaint alleging misconduct by a member of this agency. He/She will immediately submit this completed form, including all corroborating documents of proof, to the Chief, who will act upon it accordingly. Assigned personnel will communicate with the complainant and/or their attorney to arrange for an interview regarding this investigation at a convenient date and time.

	complaint ma prosecution b	ay be subject by the named		secution by	this agenc	y and civ	il
COMPLAINANT'S LAST N	AME	FIRST	M.I	HO	ME ADDRES	S	HOME PHONE
DATE OF BIRTH		OCCUPATION		BUSII	NESS ADDRESS BUSINESS PHONE		BUSINESS PHONE
PRIMARY LANGUAGE OF ENGLISH, SPANISH, ETC.		REPRESENTA	TIVE/INTERPRETER		ADDRESS PHONE NUMBER		
NAME OF OFFICER AND/O IF UNKNOWN PROVIDE D	DESCRIPTION		ID#	VEHIC			IVISION/UNIT
LOCATION OF INCIDENT							OF OCCURENCE
DOES COMPLAINANT GIVE PERMISSION TO BE CONTACTED AT PLACE OF EMPLOYMENT? YES NO NO			D DEPOSITIO YES	ON TAKEN OTHER DOCUMENTATION: NO			
DETAILS OF COMPLAINT (TO BE COMPLETED BY COMPLAINANT)							

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I hereby swear or affirm that all material provided in and belief.	this form is true a	and correct to the best of my knowledge, info	ormation,
Signature of Complainant			
Notary Public State of South Dakota			
Day of	_, 20		
(SEAL)			
My Commission Expires:	-		