

**CITY OF ESPAÑOLA
DEPARTMENT OF PUBLIC SAFETY
POLICE SERVICES
CITIZEN COMPLAINT FORM**

1. Complainant's Name _____

2. Complainant's Address _____
City, State, Zip Code _____
Complainant's Telephone Number _____ Complainant's Age _____
Complainant's Date of Birth _____ Sex _____ Race _____

3. Location of Occurrence _____

4. Date of Incident _____ Time of Incident _____

5. Witness' Name _____
Witness' Address _____
Witness' Phone Number _____

6. Name of Employee Involved _____
Badge Number _____ Car Number _____

7. Summary of Allegation: _____

8. Complainant's Signature _____ Date _____

9. Interviewing Officer's Signature _____ Date _____

10. Reviewing Supervisor's Signature _____ Date _____

11. Disposition of Complaint _____
