Ozark Police Department **Citizen Complaint Form**

Your Name:	**Date of Birth:**	**Date of this report:**
Your Address:	**City:**	**State / Zip**
Email Address:	**Cellular Phone Number:**	**Home Phone:**
Date and Time of Incident:	**Address of where incident occurred:**	**State / Zip**

Name of Officer(s) /Staff Involved: **1.**	**Name of Officer(s) /Staff Involved:** **2.**
Name of Officer(s) /Staff Involved: **3.**	**Name of Officer(s) /Staff Involved:** **4.**
Have you reported this to other officer(s)? ☐ **Yes** ☐ **No**	**If so, whom? When?**

Person(s) / Witness(s) who actually saw the event including self:

Name:	Address:	Phone:
1.		
2.		
3.		
4.		
5.		
6.		

Print summary of allegation:

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Continued on next page:

I, _____, hereby wish to file a formal complaint in reference to the above described incident which occurred on or about_____, 20_____.

SIGNATURE _____

Return to:
Ozark Police Department
Attn: Chief of Police
201 E. Brick Street, Ozark, MO. 65721

Clear Form

PRINT