



**ST. GEORGE POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

Today's Date:

Time:

Location of Incident:

Nature of Complaint:

Officer(s) Involved::

Date of Incident:

Time of Incident:

Case Number:

Your personal information:

Name:

Home Address:

Business Address:

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Telephone (Home): _____ (Work): _____

Were you arrested or cited? Yes ____ No ____ If **yes**, Case #: _____

Is this a complaint regarding an officer's use of force?: Yes ____ No ____

Parent/Guardian Name (if applicable):

Telephone (Home): _____ (Work): _____ (Cell): _____

Do you have any audio, video, or photographs to support your complaint?

Yes ____ No ____

Witnesses to your complaint:

WITNESS NAME #1:

Home Address: _____

Race: ____ Sex: ____ Age: ____ DOB: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

WITNESS NAME #2:

Home Address: _____

Race: ____ Sex: ____ Age: ____ DOB: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

WITNESS NAME #3:

Home Address: _____

Race: ____ Sex: ____ Age: ____ DOB: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Summary of Incident

Signature of person making statement