

CITY OF WARREN, POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Complaint #: _____

This form should be used to register a complaint against any employee of the Warren Police Department whose conduct, behavior, or actions is considered improper, unnecessary, inappropriate or unlawful.

Please PRINT all information clearly and legibly on the spaces provided so the department's investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Officer-In-Charge. You will be contacted at a later time with regard to your complaint and the status of the investigation.

COMPLAINT INFORMATION:

Your Name

Today's Date

Street Address

City State Zip

Telephone (Home)

Cell Number(s)

Telephone (Work)

Cell Number(s)

Date/Time Of Incident

Location Of Incident

This complaint is in reference to incident/case number (if known) _____

and/or traffic citation number (if known) _____

Employee(s) involved (if known) _____

