

MERCED POLICE DEPARTMENT Citizen's Complaint



<i>For Official Use Only</i>		Date Stamp	
		CASE NO.	
Complainant's LAST Name, First, Middle <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black Other _____	Date of Birth
Address City/Zip <input type="checkbox"/> Merced		Phone ()	Work Phone ()

Complete this portion if Complainant is a Minor or is assisted by an Attorney

LAST Name, First, Middle		Relationship to Complainant	
Address City/Zip <input type="checkbox"/> Merced		Phone ()	Work Phone ()

Location of Occurrence	Day	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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Identity of Involved Personnel

Badge No.	Name / Vehicle No., etc. <input type="checkbox"/> Officer <input type="checkbox"/> CSO <input type="checkbox"/> Civilian	Sex	Race

Brief Narrative Using Own Words. (If you need more space, use an additional sheet of paper.)

Were you injured? <input type="checkbox"/> No <input type="checkbox"/> Yes	What would you like as a result of this complaint?		
Witness Name (LAST, First, Middle)	Address	City/Zip	Phone

I have read and understood this statement, which I have made of my own free will, and facts contained therein are true and correct to the best of my knowledge.

Complainant's Signature **X** _____ Date _____

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Check all Categories that Apply: <input type="checkbox"/> Force <input type="checkbox"/> Conduct <input type="checkbox"/> Untruthfulness <input type="checkbox"/> Procedures <input type="checkbox"/> Bias/Discrimination Other _____	Complaint Received by	Date Received
	<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax Intake Officer/Personnel	

