

BARSTOW POLICE DEPARTMENT
Citizen Complaint Form

Complaint number

Name of person filing complaint (Last, First, Middle) Date of birth:

Address: Home phone:

Today's date: Date of incident: Time of incident: Work phone:

Location where incident occurred:

Witnesses

Name: Address: Day phone:

Name or description of involved employees

Summary of Complaint

Signature of person filing complaint: Date: Name and ID of supervisor accepting complaint: Date:

