

# ASHLAND POLICE DEPARTMENT CITIZENS COMPLIMENT/COMPLAINT FORM

THIS IS AN INFORMATIONAL COMPLAINT ONLY.

I WISH TO REMAIN ANONYMOUS. I UNDERSTAND THAT BY REMAINING ANONYMOUS, THE ASHLAND POLICE DEPARTMENT MAY BE UNABLE TO RESOLVE THIS COMPLAINT.

DATE OF REPORT	TIME OF REPORT	RECEIVING EMPLOYEE
NAME:	DATE OF BIRTH:	
STREET ADDRESS:	STATE:	ZIP CODE:
SECONDARY ADDRESS:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER:	E-MAIL:	
CELL PHONE NUMBER:	WORK PHONE NUMBER:	
LOCATION OF INCIDENT _____		
DAY/DATE OF INCIDENT _____		TIME OF INCIDENT _____
NAME OF OFFICER/STAFF INVOLVED (if known):		
1. _____		
2. _____		
3. _____		
DESCRIPTION OF OFFICER/STAFF, IF NAME IS UNKNOWN:		
<input type="checkbox"/> RACE _____	<input type="checkbox"/> UNIFORM DESCRIPTION	
<input type="checkbox"/> GENDER _____	<input type="checkbox"/> PLAIN CLOTHES DESCRIPTION	
<input type="checkbox"/> HEIGHT _____	<input type="checkbox"/> VEHICLE	
<input type="checkbox"/> BUILD _____		
<input type="checkbox"/> HAIR COLOR _____		
WITNESS NAME:	ADDRESS:	PHONE:
WITNESS NAME:	ADDRESS:	PHONE:
SUMMARY OF COMPLIMENT/COMPLAINT (one or two sentence description):		

I do hereby affirm that the above information provided by me relative to this complaint is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations herein made by me or during the course of this investigation, in relation to this incident, either orally, or in writing, to any person or persons investigating this incident may subject me to civil and/or criminal prosecution. I fully realize that it may become necessary in the investigation of this incident for me to meet with a member of the Ashland Police Department to discuss this issue. I agree, should any Administrative Hearing or Court proceedings result from the investigation of this incident, to make myself available to present testimony at such hearings if requested to do so.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

