CITIZEN'S REPORT

PRINT YOUR FIRST AND LAST NAME		PHONE NUMBER
PRINT YOUR ADDRESS		
PRINT THE DATE THIS FORM IS FILLED IN	PRINT THE DAY AND DATE OF INCIDENT OF ACTION	TIME OF INCIDENT
WHERE DID INCIDENT OR ACTION TAKE PLACE?		
PRINT THE NAMES OF ANY WITNEESES, THEIR ADDRESSES AND TELEPHONE NUMBERS		
IF PERSON WAS ARRESTED, PRINT THEIR NAME, ADRESS AND PHONE NUMBER IF KNOWN		
IF AN OFFICER OR POLICE EMPLOYEE WAS INVOLVED, PRINT THE THEIR AND VEHICLE NUMBER IF KNOWN		
PRINT THE NATURE OF OPINION, COMPLAINT, SUGGESTION OR COMMENDATION AND PROVIDE AS MUCH DETAIL AS POSSIBLE, ATTACH ADDITIONAL PAGES IF NEEDED		
SIGNATURE		