

ONEONTA POLICE DEPARTMENT
Citizen Complaint Form

Instructions: Fill in each answer to the best of your knowledge. Use black ink or type.

DATE OF COMPLAINT	DATE OF INCIDENT	TIME OF INCIDENT	
LOCATION OF INCIDENT:			
NUMBER OF OFFICERS ON SCENE:		WAS THERE A SUPERVISOR CALLED?	Y N
WAS THERE A SUPERVISOR ON SCENE?	Y N	DO YOU HAVE A RECORDING?	Y N
COMPLAINANT INFORMATION			
Last Name:	First Name:	DOB	Sex Race
Address:	City:	State:	Zip Phone
Are there any witness?	Y N	Do you have the witness information?	Y N
WITNESS INFORMATION			
Last Name:	First Name:	DOB	Sex Race
Address:	City:	State:	Zip Phone
Last Name:	First Name:	DOB	Sex Race
Address:	City:	State	Zip Phone
OFFICER'S INFORMATION			
Officer Name:	Officer's Employee #	Officer Vehicle #	
Officer's Description: _____ _____			
If more than one (1) officer is involved with the complaint list the same information as above in the narrative			

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AFFIRMATION BY COMPLAINANT

I, _____, do hereby affirm that the foregoing and following information and statement(s) provided by me is/are 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 either orally or in writing to any person(s) investigating this complaint, may subject me to civil and/or criminal prosecution.

I realize that it may become necessary, during the investigation of this complaint, for me to meet with a member(s) of the Oneonta Police Department to discuss this complaint, either in the presence or absence of the accused department(s), at the discretion of the Department.

I hereby accept the premise that if any action is initiated through a court or administrative hearing, as a result of my complaint, my testimony before these hearing may be required.

I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

Total number of pages in the complaint: _____

Signed: _____

This _____ day of _____, 20_____, in the City of Oneonta, State of Alabama.

Witness Name: _____ Signature: _____

Witness Phone: _____

Witness Name: _____ Signature: _____

Witness Phone: _____

ATTACH THIS AFFIRMATION TO THE COMPLAINANT'S WRITTEN STATEMENT.