YUMA P	POLICE DEPARTMENT	
CITIZ	ZEN COMPLAINT FORM	
COMPLAINANT'S NAME		
ADDRESS		
CITY	. STATE ZIP	
HOME PHONE	BUSINESS PHONE	
LOCATION OF INCIDENT		
DATE/TIME OF INCIDENT		
	EMPLOYEE(S)	
1.		
2.		
3.	WITHEOOFO	
NAME	WITNESSES ADDRESS	
NAME	ADDRESS	
	ADDRESS	
NAME		
D	DETAILS OF COMPLAINT	
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·/	ACCIDM THAT THE COL	DECOING INFORMATION
PROVIDED BY ME IS TRUE	AND COMPLETE TO THE BE	REGOING INFORMATION ST OF MY KNOWLEDGE
	AND BELIEF.	
ATURE OF COMPLAINANT	TIME	DATE
ATURE OF PERSON ASSISTING	TIME	DATE
EF OF POLICE/CITY ATTORNEY	TIME	DATE

ATTENTION: WHEN AN ACTION IS FILED AGAINST AN OFFICER(S), HE/SHE BECOMES THE ACCUSED, AND AS SUCH HAS ALL OF THE CIVIL AND CRIMINAL RIGHTS AFFORDED ALL ACCUSED PERSONS.

IF THE COMPLAINT AGAINST THE OFFICER(S) IS PROVEN TO BE TOTALLY WITHOUT MERIT, THE CITY AND OFFICER(S) HAS THE RIGHT TO FILE CIVIL ACTION TO RECOVER COSTS AND DAMAGES.