

YUMA POLICE DEPARTMENT CITIZEN 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.

WITNESSES

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

DETAILS OF COMPLAINT

_____, AFFIRM THAT THE FOREGOING INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF COMPLAINANT	TIME	DATE
SIGNATURE OF PERSON ASSISTING	TIME	DATE
CHIEF 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.