UMKC POLICE DEPARTMENT

CITIZEN'S COMPLAINT FORM

Date of Report:	Time:	Received by:

Complainant's Name: _____

Complainant's Address: _____

Home Phone: _____ Complainant's DOB: _____

Location of Incident: _____

Date/Time of Incident: _____

Name of Officer/s Involved: _____

_____

Descriptions (If known): Race: _____ Sex: _____ Age: _____ Hgt: _____ Wgt: _____

Vehicle Number or Description: _____

Witness Name: _____ Address: _____

Witness Phone: _____

NATURE OF COMPLAINT:

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I do hereby affirm that the above information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusation or allegations herein made by me in relation to this complaint may be subject to civil and/or criminal prosecution. I fully realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of the UMKC Police Department to discuss this complaint. I agree that should any Administrative Hearing or Court proceedings result from the investigation of my complaint I promise to make myself available to present testimony at such hearings if requested to do so. (Pursuant to State Statute 590.502, any complaint not completely filled out and signed, will not be considered valid. See Statute listed above for more details)

Signature of Complainant: _____ Date: _____