Complaint Form

Warner Robins Police Department

Complainant's Last Name, First, Middle	Race/Sex	Date of Birth
Address City State Zip	Home Phone ( )	Work Phone ( )
Person/Supervisor Receiving Complaint (Other than OPS)	ID #	Squad / Division Assignment

Complete this portion if complainant is a minor or if assisted by another person

Last Name, First, Middle	Relationship to Complainant
Address City State Zip	Home Phone ( ) Work Phone ( )

Location of Occurrence	Day	Date	Time

Identity of Involved Personnel

ID No.	Name / Vehicle No., etc. Officer Civilian	Sex	Race

Brief Narrative Using Own Words. If you need more space, use an additional sheet of paper. Any questions, call the Office Of Professional Services at 478-929-6912	
Were you Injured? __No __Yes (Describe)	What would you like as a result of this complaint?

Witness Name (Last, First, Middle)	Address City / Zip	Phone (include AreaCode)

I have read and understood this statement, which I have made of my own free will and the facts contained therein are true and correct to the best of my knowledge.

*Complainant's Signature X*_____ *Date*_____