

**PAXTON POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

Name of Complainant: _____

Address: _____

Phone#: _____

Date Received: _____
Time Received: _____
By: _____

Date(s) of Incident: _____

Officer(s) Involved: _____

Complaint Narrative: _____

Witnesses and Contact Information: _____

I hereby certify that the above statement is true to the best of my knowledge.
Signed under the pains and penalties of perjury.

Signature: _____ Date: _____

Conclusion: _____

Chief of Police Signature: _____ Date: _____