



Your Name:	Date of Birth:	Date of this report:
Your Address:	City:	State / Zip
Email Address:	Cellular Phone Number:	Home Phone:
Date and Time of Incident:	Address of where incident occurred:	State / Zip
Name of Officer(s) /Staff Involved: 1.		Name of Officer(s) /Staff Involved: 2.
Name of Officer(s) /Staff Involved: 3.		Name of Officer(s) /Staff Involved: 4.
Have you reported this to other officer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, whom? When?
Person(s) / Witness(s) who actually saw the event including self:		
Name:	Address:	Phone:
1.		
2.		
3.		
4.		
5.		
6.		
Print summary of allegation: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
Continued on next page:		

I, _____, hereby wish to file a formal complaint in reference to the above described incident which occurred on or about _____, 20_____.

SIGNATURE _____

Return to:
Houston Police Department
Attn: Chief of Police
601 S. Grand Ave. Houston, MO 65483

