



416 N Harrison St · Davenport, IA 52801 | Telephone: (563) 326-7979

# CITIZEN COMPLAINT/COMPLIMENT FORM

**Complaint**

**Compliment**

Today's Date	Name	Address/City/State		Phone
E-mail Address	Date of Birth	M/F	Were Photos Taken?	
Employer's Name		Business Address/City/State		Phone
Name of Police Department member (If unknown, give description of officer and type of duty performed, e.g., Patrol, Detective, etc.)				Serial No.
Have you reported this incident to other Officers? Yes / No		If so who?		
Time	Date of Occurrence		Location	
Name of Witness		Address Relationship		Phone

Details of complaint/compliment (Use reverse side of form if more space is required)

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I am aware that once this document is submitted, it can be used as evidence in a libel complaint against me by the officer if the information is false and is damaging to the officer. Understanding the warning and information contained in this paragraph, I swear these facts are true and accurate to the best of my knowledge.

Signed \_\_\_\_\_

