



MARINA POLICE DEPARTMENT

Citizen Commendation/Complaint

Please check box as to the nature of this form: COMPLAINT COMMENDATION

Citizen's Name: _____ Date: _____ Time: _____

Address: _____ Date of Birth: _____

Phone: _____ Cell/Work number: _____

Where incident took place: _____ Date: _____ Time: _____

If person was arrested, name and address, telephone number and report number, if known. Report Number: _____

Name: _____ Date of Birth: _____ Time: _____

Address: _____ Phone: _____

Witness Information – (If more room is needed, continue on back or attach an additional sheet)

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Department Personnel Involved, if known – (If more room is needed, continue on back or attach an additional sheet)

Name: _____ Employee #: _____ Name: _____ Employee #: _____

Name: _____ Employee #: _____ Name: _____ Employee #: _____

Description of Event:

In your own words, give details of the occurrence on the rear/ back side of this form.

If more space is needed, please attach an additional sheet

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT

Citizen's Signature: _____ Date: _____ Time: _____

Person Receiving Complaint: _____ Date: _____ Time: _____

(Updated: Feb. 28, 2008)

