

The Law Enforcement Review Act



COMPLAINT NO. _____
Office use only

Complainant's Surname Initial(s)		First Name	Date of Birth YY / MM / DD	Sex M / F	Marital Status
Street Address					Phone No. Residence
City / Town				Postal Code	Phone No. Business
Date of Incident YY / MM / DD	Location				Date Reported YY / MM / DD

Injuries Sustained ___No ___Yes (describe injury)		Photograph taken ___No ___Yes
Attending Physician	Address	Date Attended YY / MM / DD
Witness(es) Name	Address	Phone
Affected Person (if different than complainant)		Officer(s) Involved - Name / Rank / Number
Name	Telephone No.	
Address		

Details of Incident (Must be typed or printed). Attach any additional information on separate sheets.

Complaint received by: (Person / Agency)	I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE
	Signature of Complainant