



**Raymond Police Department
REPORT OF COMPLAINT AGAINST POLICE PERSONNEL
(Confidential)**

Incident #: _____
Call #: _____

Name of Complainant		Home Phone	Work Phone	
Address		NOTES		
City	State			Zip Code
Date and Time of Incident				Location of Incident

Name of Officer(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Name	Rank	I.D. Number	Badge Number	Vehicle Number

Name of Witness		Home Phone	Work Phone
Address		NOTES	
City	State		

STATEMENT OF ALLEGATION

(Use Reverse Side Of This Form If Necessary)

I understand that this statement of complaint will be submitted to the Raymond Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my belief. Further, I declare and affirm that my statement has been made voluntarily without persuasion, or coercion, or promise of any kind.

I understand that, under the regulations of the Police Department, the officer against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing this complaint I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date

Time