

COMPLAINT FORM

Tonganoxie Police Department
328 S Delaware St, Tonganoxie, KS 66086
Tel: 913-369-3754 Fax: 913-845-9880
www.

To Be Completed by TPD Staff

1. IAS Control Number
2. Date & Time Complaint Received

3. How Complaint Was Received (Please Circle):

In Person Fax E-mail U.S. Mail Other Specify:

4. Complainant's Name – Last, First, Middle 5. Date of Birth 6. Age 7. Sex 8. Race, Ethnicity or N.O.

9. Home Address

10. Home Telephone Number

11. Work Address

12. Occupation

13. Work Telephone Number

14. Other Means of Contacting Complainant
(cell phone, page, e-mail, friend, etc.)

15. General Nature of Incident

16. Location of Incident

17. Date and Day of Week Incident Occurred

18. Time of Incident

19. Witnesses

20. Name of Employee(s) Involved

21. Agent Vehicle-Tag Description

22. Physical Description of Employee(s) (hair and eye color, height, sex, race/ethnicity, etc)

23. Describe Injuries (if any)

24. Where Treated (name of hospital, doctor, etc.)

25. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including police officers)

26. Complainant's Name – Last, First, Middle	To Be Completed by TPD Staff TPD Control Number
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27. Describe the Incident:

(Attach Additional Pages if Necessary)
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28. Complainant's Certification

I hereby certify that to the best of my knowledge, the statements made herein are true.

<hr/> Complainant's Signature	<hr/> Date
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