

QUINCY POLICE DEPARTMENT
COMPLAINT REPORT

Case File # _____ Date/Time Reported _____

PERSONAL INFORMATION:

Name: _____ DOB: _____ Sex: _____

Address: _____ Phone: _____

OFFICER(S) INVOLVED (IF KNOWN):

Name: _____

Name: _____

Name: _____

How did you determine officer identification? _____

COMPLAINT:

Nature of Complaint: _____

Date/Time of Incident: _____

Location: _____

Details:

(Use back and/or separate sheet if necessary)

Witness Information: _____

Disposition: _____

cc: Office of Deputy Chief of Operations

(PREPARE IN DUPLICATE)
Original to File – Copy to Citizen

I.A. CASE # _____

Signature (optional): _____ Date: _____

Witness: _____

Receiving Officer