



**Portsmouth Police Department
Citizen Complaint Form**

Control #: _____

Date of Birth: _____

Your Information	Last Name		First Name		Middle Initial
	Street Address				
	City		State	Zip	Work Telephone
	Alternate Contact Information				Home Telephone

Witnesses	Last Name		First Name		Middle Initial	Home Telephone
	Street Address		City	State	Zip code	Work Telephone
	Last Name		First Name		Middle Initial	Home Telephone
	Street Address		City	State	Zip code	Work Telephone
	Last Name		First Name		Middle Initial	Home Telephone
	Street Address		City	State	Zip code	Work Telephone

Employees	Officers/Employees (List names, ID numbers, and/or car numbers)

Incident	Location of Incident	Date of Incident
	Give a brief explanation of the incident. A more detailed statement will be taken during your interview.	

CONTINUE ON PAGE TWO IF REQUIRED.

Control #: _____

Citizen Complaint Form *Continued*

Incident Continued	Incident Continued
A more detailed account of the incident will be taken during your interview.	

Charges	Were you arrested <input type="checkbox"/> Yes <input type="checkbox"/> No	Taken into custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court Date:
	Traffic Charges:		
	Criminal Charges:		

Affirmation

I do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief.

POLICE DEPARTMENT USE ONLY		
Received By	Date	Time
Professional Standards Case File #		