



CIVILIAN COMPLAINT FORM

Complainant

Last Name	First Name	MI	DOB	Age
Address		City		ST
Email	Phone		Fax	

Incident

Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location		

Officer

Name	Badge
Rank	County

Complaint

Complainant Signature

Date

Received By

Last Name	First Name	Badge#	Date
Address BENTLEYVILLE POLICE DEPARTMENT 6252 Chagrin River Road		Bentleyville	OH 44022
Email POLICE@VILLAGEOFBENTLEYVILLE.COM		Phone (440) 247-0155	Fax (440) 247-2331