Sweetwater Police Department External Complaint Form

Date:	IÁ Nu	ımber:
Time:		
Compainant Information		
Name: First		
		Last
Address:	Service that we have the service that the service the service that the ser	
Date of Birth:	Occupation:	
	Work #:	
	,	
Witness to the Event:(phone numbers also)		
Date/Time action took place: _	Location:	
Were you arrested?		
Please list any injuries:		
Did you seek medical attention		
Summary details of the compla	int: (you will have to give a statemer	nt of the event)
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	(USE BACK IF NECESSARY)	
UNDERSTAND IF THE INVESTICE BOTH CRIMINAL AND CIVIL PRO	ESIRE THIS COMPLAINT IS INVESTIG BATION PROVES I HAVE MADE A FAL DSECUTION. I UNDERSTAND THAT IN MINATION AS PART OF THIS INVEST	SE ALLEGATION, I MAY BE LIABLE TO I SOME CASES I MAY BE ASKED TO
Date:		
Signature:		
Supervisor taking complaint: _	d complaint to Internal Affairs for CAD number as	
Date submitted to IA:	IA Investigator:	
Copy Received by Officer:		Time:

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	(use addition	nal pages if needed)	
ge	of your statement, if a Rules/Policie (Departm	es Violated, if Known: ent Use Only)	ed initial at the end of each
were the second of the second			