



Ellisville Police Department

CITIZEN COMPLAINT FORM

37 Weis Avenue
Ellisville Police Department
636-227-7777

EPD-27

Instructions:

1. Complete with as many details as possible.
2. Return the completed form to the Ellisville Police Department Administrative Division.
3. Continue on the reverse side. Use other forms if needed. Be sure to sign the complaint.

COMPLAINANT INFORMATION		This form is to be completed by the person making the complaint.	
Last Name	First Name	M.I.	Date of Birth
Home Phone	Work Phone & Extension		Other Contact Number
Address		Town/City	State Zip

OFFICER(S) INVOLVED

Officer's Name	DSN	Car#
Officer's Name	DSN	Car#
Officer's Name	DSN	Car#

WITNESS INFORMATION

Last Name	First Name	M.I.	Phone
Address		Town/City	State Zip

Last Name	First Name	M.I.	Phone
Address		Town/City	State Zip

Last Name	First Name	M.I.	Phone
Address		Town/City	State Zip

Last Name	First Name	M.I.	Phone
Address		Town/City	State Zip

INCIDENT DETAILS		Please be as specific and detailed as possible
Date of Incident	Time of Incident	Complaint # (if known)
Location of Incident		

NATURE OF COMPLAINT

_____ Signature of person making complaint Date signed