



SONORA POLICE DEPARTMENT

Complaint Against a Police Officer



Case # _____ ID# _____ Date _____ Time _____

COMPLAINANT:

Name _____ Race _____ Sex _____ DOB _____

Home Address _____ City _____ State _____

Work Address _____ City _____ State _____

Home Phone _____ Work Phone _____ Other _____

OFFICER:

Officer _____ Race of Officer _____ Sex of Officer _____

INCIDENT:

Date of Incident _____ Time of Incident _____

Location of Incident _____

Number of Officers Involved _____ On Duty _____ Off Duty _____

In Uniform? Yes No

WITNESSES:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

INJURIES

Any Injuries? Yes No If yes, explain and describe injuries

Hospital treated at _____ Date treated _____

Received by _____ Date _____ Time _____

Signature _____

