## COTTONDALE POLICE DEPARTMENT

Date:		
	Citizen Complaint Form	
Employee:	Date of Incident:	
Position:	Time of Incident:	
Complainant's Name:		
Address:		
Phone:		
Nature of Complaint – S	STATE ONLY FACTS PERTAINING TO THE INCIDENT	
IS	SWEAR/AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT	
	(SIGNATURE OF COMPLAINANT)	
swo	ORN TO AND SIGNED BEFORE ME, THE UNDERSINGNED AUTHORITY THISDAY OF, 20	
	(Signature of Notary Public	

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STATEMENT

## (Continuation Page)

## Cottondale Police Department

Complainant Name:	