



PLATTE CITY, MISSOURI POLICE DEPARTMENT

COMMUNITY COMPLAINT REPORT

Time and Date of Occurrence	Location of Occurrence	Tickets or Report Numbers, ETC.			
Complainant's Name Last	First	M.I.	Race	Sex	Date of Birth
Home Address	City	State	Zip Code	Telephone Number	
E-Mail Address (Optional)			Alternative Telephone Number (Optional)		
Name of Police Department Member Complained of (if unknown, provide description of Officer and type of duty performed, e.g. foot, auto, detective, etc.)					Radio Number

Please print details of this complaint (use reverse side of form if more space is required)

I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making untrue declarations to public servants or untrue statements under oath or affirmation are punishable by law as a felony or misdemeanor. If I do not cooperate fully with the complaint process, my complaint will be closed with no further action or contact from the investigator.

Signature of Complainant _____