



LODI POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

FOR OFFICIAL USE ONLY
File #

Reporting Person (Last, First, Middle)	Race	Sex	DOB (mm/dd/yy)	E-mail:
Residence Address (City & Zip Code)				Telephone #
Business or School				Telephone #

Victim of Alleged Incident				
Victim (Last, First, Middle)	<input type="checkbox"/> Same	DOB (mm/dd/yy)	Age	Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address (City & Zip Code)	Telephone #		Attorney or Representative	
Business or School		Telephone #	Telephone #	

Name of Employee (If Known)					
Name	Bureau	Rank	Badge	Car #	Description
Name	Bureau	Rank	Badge	Car #	Description
Name	Bureau	Rank	Badge	Car #	Description

Witnesses		
Name	Address	Telephone # (Business, Cell, Home)
Name	Address	Telephone # (Business, Cell, Home)
Name	Address	Telephone # (Business, Cell, Home)

Details of complaint: It is important to include as many factual details as possible so the incident may be fully investigated.
Please use reverse side of this form if necessary.

Time & Date of Incident	Location of Incident	Crime Report #
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Signature of Reporting Person		Signature of Parent/Guardian (If Under 18 years old)			
Photos Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many photos?				
Signature of Person Receiving Complaint	Badge #	Bureau	Telephone #	Date/Time Received	
Reporting Person (Name)			Date of Complaint		

