



SAN JUAN POLICE DEPARTMENT  
CITIZEN COMPLAINT REPORT

Complaint Control No: \_\_\_\_\_

Instructions: Officer will assist you in completing this report. The cooperation of the complainant is important and desired but it is not mandatory.

Complainant: First, Middle, Last                      Address:                      Apt#                      Phone#

Complainants:                      Age                      Race                      Sex                      Occupation:

Business Name:                      Business Address:                      Phone#

Name(s) of Witnesses:                      Address:                      Apt#                      Phone#

Name of Police Division member complained of: (if unknown, provide description of officer)

Name:                      Badge No.                      Unit or Assignment:

When:                      Month:                      Date:                      Year:                      Time of Day:                      Location:

Details of Complaint: (Use Supplement, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Assisting                      Signature of Complainant

Subscribed and Sworn to before me  
the undersigned authority on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Time Reported:                      Date Reported:                      Location Recorded:

Signature/Officer receiving Complaint:

\_\_\_\_\_

