

REPORT NO. \_\_\_\_\_

## SALAMANCA POLICE DEPARTMENT COMPLAINT REPORT

POLICE DEPARTMENT USE					
DATE OF OCCURENCE	TIME OF OCCURENCE	LOCATION OF OCCURENCE			
DAY OF WEEK	HOW COMPLAINT MADE ___ IN PERSON ___ MAIL ___ PHONE	RECEIVED BY	DATE	TIME	

COMPLAINANT USE					
LAST NAME	FIRST NAME	M.I.	PERSON ASSISTING		
ADDRESS		ZIP CODE	HOME PHONE	BUSINESS PHONE	
DOB	SEX	RACE	NAME OF ATTORNEY RETAINED		
Name of officer (s) complained of (if unknown, in detail section provide description of officer and type of duty performed, e.g. patrol, detective in uniform, etc). If more than one officer is complained of, state specific number complained of, as opposed to the number of officers that may have been on the scene in a backup role.					
OFFICER NAME			BADGE NO.	CAR NO.	
WITNESS LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	RACE	
ADDRESS		ZIP CODE	HOME PHONE	BUSINESS PHONE	
WITNESS LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	RACE	
ADDRESS		ZIP CODE	HOME PHONE	BUSINESS PHONE	

### DETAILS

(Briefly describe the incident on the next page)

