

P. 480.362.6776 W. SRPMIC-NSN.GOV/POLICE

Complaint Form

COMPLAINANT INFORMATION		⊠ Anonyı	mous (If selecting th	is, do not fill out con	nplainant information,
NAME:	DATE OF BIRTH:/				
ADDRESS:					
		STREET			
	CITY		,	STATE	ZIP CODE
PHONE: () -	()	-	()	-
MOBILE		HOME		WORK	
EMAIL:					
Preferred Method of Contact: ☐ Phone ☐ Email ☐	☐ In Person	Best Time	to Contact: ☐ Mo	rning Afternoor	n □ Evening
INCIDENT DATE:	DATE: INCIDENT TIME:				
		DR # (if know	n):	-	
INCIDENT LOCATION:					
INVOLVED EMPLOYEE NAME AND BADGE# (if known)					
NAME:			_	BADGE #	:
NAME:				BADGE #	: <u> </u>
NAME:				BADGE #	:
The SRPD takes all complaints seriously. It is our responsible responsibility to ensure that your complaint is based on fact a					
Per state law, ARS§38-1120, the following mandatory notice to a law enforcement agency a false, fraudulent or unfounded orderly operation of a law enforcement agency or misleading	d report or stateme	ent or to knowingly m	nisrepresent a fact i	or the purpose of	interfering with the
COMPLAINANT SIGNATURE	DATE & TIME C	F COMPLAINT		PERSON TAKING (COMPLAINT



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Continuation Sheet

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COMPLAINANT SIGNATURE