



CITY OF MONROE
POLICE DEPARTMENT

CITIZEN
COMPLAINT FORM

MPD-29



Name of complainant _____ DOB _____

Home Address _____

Home Phone _____ Work Phone _____

Name of Employer _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

If this complaint is made on behalf of a minor child, provide the following information:

Name of Minor Child _____ DOB _____

Complainant's Relationship to Minor _____

Name of Police Employee Involved _____

Description, If Name Unknown: Race _____ Sex _____ Age _____ Hgt _____ Wgt _____

Vehicle # _____ Dress/Clothing _____

Witness(S) Name _____ Phone# (H) _____
(W) _____

Address _____

(If more, place in details of complaint)

Details Of Complaint (Attach Hand Written Complaints To This Form):

Officer taking Complaint

Signature of Complainant

Date _____ Time _____

Complaint# _____