

RIVERSIDE, MISSOURI DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR
CITIZEN COMPLAINT REPORT

CASE NO. _____

TIME and DATE OF OCCURRENCE	LOCATION OF OCCURRENCE	TICKETS OR REPORT NUMBERS, ETC.		
COMPLAINANT'S NAME LAST	FIRST	RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)		ALTERNATE TELEPHONE NUMBER (OPTIONAL)		
CO - COMPLAINANT'S NAME LAST	FIRST	RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)		ALTERNATE TELEPHONE NUMBER (OPTIONAL)		
NAME OF DEPARTMENT MEMBER COMPLAINED OF (If unknown, provide description of person and type of duty performed, e.g., foot, auto, detective, fire, administrative,, etc.)				

PLEASE PRINT DETAILS OF THE COMPLAINT (Use next page if more space is required)

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN BY ME HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE. I UNDERSTAND THAT MAKING UNTRUE DECLARATIONS TO PUBLIC SERVANTS OR UNTRUE STATEMENTS UNDER OATH OR AFFIRMATION ARE PUNISHABLE BY LAW AS A FELONY OR MISDEMEANOR. IF I DO NOT COOPERATE FULLY WITH THE COMPLAINT PROCESS, MY COMPLAINT WILL BE CLOSED WITH NO FURTHER ACTION OR CONTACT FROM THE OFFICE OF THE DIRECTOR.

SIGNATURE OF COMPLAINANT _____

SIGNATURE OF CO-COMPLAINANT _____

DEPT. MEMBER RECEIVING COMPLAINT				
RANK _____	SIGNATURE _____	BADGE # _____	DATE _____	TIME _____ LOCATION _____

