

**RIVERSIDE, MISSOURI POLICE DEPARTMENT  
OFFICE OF THE POLICE CHIEF  
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)		
<b>NAME OF DEPARTMENT MEMBER COMPLAINED OF</b> (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 reverse side if more space is required)*

