DeGraff Citizen Complaint Form

Date and Time of Incident ___ ___ _____ **Time** _____

Location of Incident _____

Citizens Name: First _____MI _____ Last _____

Date of Birth _____

Citizens Address, City, State, Zip

_____

Phone home _____ Cell _____

Witnesses:

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Brief Description of Complaint:

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Print Name _____

Signature _____ Date _____