

PRATT POLICE DEPARTMENT

CITIZEN REPORT FORM

Date		Case No	
Complainants name		Address	
City	State	Postal Code	Telephone

Dear _____,

The Pratt Police Department endeavors to impartially adjudicate complaints involving its employees. To expedite this process and gather the facts involved as accurately as possible, you are asked to provide a written statement regarding your complaint. In the space below, specifically identify the basis for your complaints and provide as much detail as possible concerning the incident. Keep a copy for your records and return the original in the envelope provided within 10 days. Upon receipt of your statement, the department acknowledges that it will investigate the complaint to the fullest extent possible and apprise you of the results within 45 days. Failure to complete and return this form as prescribed may result in dismissal of your complaint.

Any questions you may have in the interim should be directed to the following person:

Lt. James Shelden at 620.672.5551

Time and date of incident	Details of complaint (Please print legibly or type. Use additional sheet if necessary.)
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I hereby certify that the statements given by me herein are true and accurate to the best of my knowledge. Further, I understand that making false statements may constitute a violation of the law.

Signature _____ Date _____

Forwarded on _____ by _____.