

**CITIZEN COMPLAINT**

The City of Moscow Mills takes complaints against members of its police department seriously. In order to help us investigate your claim fully, please complete as much of this form as possible. Before filing your complaint, you should be aware of the following: Anonymous complaints will not be accepted because it is not possible to fully and fairly investigate such complaints; therefore, you must provide your name and contact information. Any delay in reporting incidents hinders our ability to investigate your complaint. If you are unable to fill out this form without assistance, please inform a police supervisor who will ensure that you receive assistance. You must sign the complaint stating that the information you have provided is true and correct to the best of your knowledge.

**NOTICE:** Pursuant to section 575.060, RSMo, statements made herein which you know to be false are punishable by law.

**COMPLAINANT INFORMATION**

NAME (Last, First, Middle)			PHONE (Primary) ( ___ ) ___ - ____		
STREET ADDRESS			PHONE (Secondary) ( ___ ) ___ - ____		
CITY		STATE	ZIP CODE		EMAIL
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNICITY	DATE OF BIRTH ___ / ___ / ____		DRIVER LICENSE NO.	STATE
THE INCIDENT HAPPENED <input type="checkbox"/> TO YOU <input type="checkbox"/> TO SOMEONE ELSE		IF THE INCIDENT HAPPENED TO SOMEONE ELSE, DID YOU WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE			

**WITNESSES TO THE INCIDENT**

NAME (Last, First, Middle)			PHONE (Primary) ( ___ ) ___ - ____		
STREET ADDRESS			PHONE (Secondary) ( ___ ) ___ - ____		
CITY		STATE	ZIP CODE		EMAIL
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNICITY	DATE OF BIRTH (If known) ___ / ___ / ____		HOW DO YOU KNOW THIS PERSON	
NAME (Last, First, Middle)			PHONE (Primary) ( ___ ) ___ - ____		
STREET ADDRESS			PHONE (Secondary) ( ___ ) ___ - ____		
CITY		STATE	ZIP CODE		EMAIL
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNICITY	DATE OF BIRTH (If known) ___ / ___ / ____		HOW DO YOU KNOW THIS PERSON	

**INFORMATION ABOUT THE OFFICER(S) OR EMPLOYEE(S) INVOLVED**

EMPLOYEE 1 <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> NON-OFFICER EMPLOYEE		ARE YOU COMPLAINING ABOUT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME		RANK (If known)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNICITY
PHYSICAL DESCRIPTION					
WAS THE OFFICER WEARING <input type="checkbox"/> UNIFORM <input type="checkbox"/> PLAIN CLOTHES <input type="checkbox"/> NOT APPLICABLE			WAS THE OFFICER ON/IN <input type="checkbox"/> FOOT <input type="checkbox"/> MARKED VEHICLE <input type="checkbox"/> UNMARKED VEHICLE <input type="checkbox"/> NOT APPLICABLE		
DESCRIBE THIS PERSON'S ROLE IN THE INCIDENT					
EMPLOYEE 2 <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> NON-OFFICER EMPLOYEE		ARE YOU COMPLAINING ABOUT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME		RANK (If known)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNICITY
PHYSICAL DESCRIPTION					
WAS THE OFFICER WEARING <input type="checkbox"/> UNIFORM <input type="checkbox"/> PLAIN CLOTHES <input type="checkbox"/> NOT APPLICABLE			WAS THE OFFICER ON/IN <input type="checkbox"/> FOOT <input type="checkbox"/> MARKED VEHICLE <input type="checkbox"/> UNMARKED VEHICLE <input type="checkbox"/> NOT APPLICABLE		
DESCRIBE THIS PERSON'S ROLE IN THE INCIDENT					



