

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 | | | | |

INCIDENT INFORMATION

| | | | |
|---|------------------|---|--------------------|
| DATE OF INCIDENT | TIME OF INCIDENT | LOCATION OF INCIDENT | |
| WERE YOU OR SOMEONE ELSE ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, WHO WAS ARRESTED | REASON FOR ARREST |
| WERE CHARGES FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WHAT WAS THE OUTCOME? | |
| IS THERE CURRENTLY AN ACTIVE CRIMINAL PROCEEDING? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, PROVIDE THE COURT CASE NUMBER | |
| DID YOU RECEIVE A TICKET / CITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, WHAT WAS THE TICKET OR CITATION FOR? | CITATION NUMBER(S) |
| DID THE OFFICER CONDUCT A SEARCH OF YOUR PREMISES OR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE | | IF YES, WHAT WAS SEARCHED? | |
| WERE YOU UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, WHAT AND HOW MUCH? | |
| WERE YOU INJURED AT THE TIME OF THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DID THE INJURY OCCUR AS A RESULT OF THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DID YOU RECEIVE MEDICAL CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE | | IF YES, WHERE DID YOU RECEIVE MEDICAL CARE? | |
| DID EITHER YOU OR THE OFFICER USE ANY WEAPONS OR FORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE | | IF YES, DESCRIBE THE TYPE OF WEAPONS OR FORCE USED | |

INCIDENT DESCRIPTION (Describe what happened in detail)

INCIDENT DESCRIPTION (Continued from page 2)

AFFIRMATION AND ACKNOWLEDGEMENT

I HAVE READ (OR HAVE HAD READ TO ME) THE STATEMENTS AND INFORMATION CONTAINED IN THIS COMPLAINT FORM. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF; AND I UNDERSTAND THAT FALSE STATEMENTS ARE PUNISHABLE BY LAW.

COMPLAINANT SIGNATURE

X

PRINTED NAME OF COMPLAINANT

DATE

DEPARTMENT USE ONLY

COMPLAINT RECEIVED BY

DSN

DATE