



Utah Tech University Police Department
Citizen Complaint Form

Today's Date: ___/___/___ Time: ___:___

Location of Incident: _____

Nature of Complaint: _____

Officer(s) Involved: _____

Date of Incident: ___/___/___ Time of Incident: ___:___

Case Number: _____

Your personal information:

Name: _____

Home Address: _____

Business Address: _____

Race: _____ Sex: _____ Age: _____ Date of Birth: ___/___/___

Telephone (Home): _____ (Work): _____

Were you arrested or cited? Yes ___ No ___ If yes, Case #: _____

Is this a complaint regarding an officer's use of force?: Yes ___ No ___

Parent/Guardian Name (if applicable): _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Do you have any audio, video, or photographs to support your complaint? Yes ___ No ___

Witnesses to your complaint:

WITNESS NAME #1: _____

Home Address: _____

Race: ___ Sex: ___ Age: ___ DOB: _____

Telephone (Home): _____ (Work): _____ (Cell): _____



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WITNESS NAME #2: _____

Home Address: _____

Race: _____ Sex: _____ Age: _____ DOB: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

WITNESS NAME #3: _____

Home Address: _____

Race: _____ Sex: _____ Age: _____ DOB: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Summary of Incident



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Signature of person making statement