

**Middletown Police Department
Civilian Complaint Form**

Date of Complaint: _____ Time of Complaint: _____

COMPLAINANT

Name: _____ Date of Birth: _____
Home Address: _____ Home Telephone: _____
_____ Cell Phone: _____
_____ Work Phone: _____

WITNESS(ES)

(1)
Name: _____ Date of Birth: _____
Home Address: _____ Home Telephone: _____
_____ Cell Phone: _____
_____ Work Phone: _____

(2)
Name: _____ Date of Birth: _____
Home Address: _____ Home Telephone: _____
_____ Cell Phone: _____
_____ Work Phone: _____

EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

Rank/Name: _____ Badge #: _____

Rank/Name: _____ Badge #: _____

LOCATION OF THE COMPLAINT

Location: _____

Date of Incident: _____ Time of Incident: _____ AM _____ PM

(See other side)

