

# SPANISH FORT POLICE DEPARTMENT

## Citizen Complaint Form

Member Preparing / Receiving Report: \_\_\_\_\_ Control Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone (Home/Cell): \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Agent Representing Complainant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home / Cell): \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

### Areas of Concern:

1. \_\_\_\_\_ FORCE      2. \_\_\_\_\_ ARREST      3. \_\_\_\_\_ ENTRY      4. \_\_\_\_\_ SEARCH  
5. \_\_\_\_\_ HARASSMENT      6. \_\_\_\_\_ DEMEANOR      7. \_\_\_\_\_ PROCEDURE      8. \_\_\_\_\_ SERVICE  
9. \_\_\_\_\_ PROPERTY      10. \_\_\_\_\_ BIAS BASED PROFILING

### Details of Incident:

Date received: \_\_\_\_\_ Initials \_\_\_\_\_

Date forwarded: \_\_\_\_\_ Initials \_\_\_\_\_

Assigned to: \_\_\_\_\_

Date due: \_\_\_\_\_

SPANISH FORT POLICE DEPARTMENT  
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