LAWTON POLICE DEPARTMENT
CITIZEN COMPLAINT STATEMENT REPORT

		DATE OF THIS REPORT
CITIZEN NAME	DATE OF BIRTH	SOCIAL SECURITY NO.
CITIZEN ADDRESS		HOME PHONE
CITIZEN EMPLOYER		BUSINESS PHONE
DATE AND TIME OF INCIDENT	ADDRESS WHERE INCIDENT OCCURRED	
NAME OF PERSONS YOU ARE COMPLAINING ABOUT IF KNOWN 1.	2.	
3.	4.	
HAVE YOU REPORTED THIS TO OTHER OFFICER: ( ) YES ( ) NO	IF SO, WHOM	

OTHER PERSON(S) WHO ACTUALLY SAW OR HAVE DIRECT KNOWLEDGE OF THE EVENT

NAME	ADDRESS	PHONE NO.

EVENT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING

(USE OTHER SIDE IF NEEDED)

PLEASE READ BEFORE SIGNING I understand that it is a violation to willfully make a false report. In the event that this report is proven false, the information may be provided to the District Attorney or City Prosecutor for possible prosecution.	**SIGNATURE OF COMPLAINANT**
Subscribed and sworn before me this _____ day of _____, 20____ My commission expires on the _____ day of _____, 20____	**NOTARY PUBLIC** **NOTARY NO.**

EVENT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING (CONTINUED)

ATTACH ADDITIONAL PAGES AS NECESSARY

OFFICIAL USE ONLY

Supervisor receiving complaint _____ Date _____ Time _____