## UNIVERSITY OF SOUTH ALABAMA POLICE DEPARTMENT CITIZEN'S COMPLAINT REPORT

MEMBER TAKING REPORT:	
RANK/TITLE:	
DATE:	TIME RECEIVED:
COMPLAINANT'S NAME:	DOB:
ADDRESS:	
PHONE NO.:	DRIVER'S LICENSE NO.:
AGENT REPRESENTING COMPLA	AINANT (Unless represented by self):
ADDRESS:	
PHONE NO.:	
1. Force	

## UNIVERSITY OF SOUTH ALABAMA POLICE CITIZEN'S COMPLAINT REPORT \*If necessary, please attach additional pages. Number of additional pages \_\_\_\_\_ I do solemnly swear that on \_\_\_\_\_\_, the alleged incident occurred and I am fully aware that filing a false report may subject me to criminal and/or civil penalties under law. **Print Name** Date Signature DATE RECEIVED: OFFICE OF THE CHIEF: INVESTIGATION ASSIGNED TO: DUE DATE (max. 15 days):