



PD 49(99-08)

# CALGARY POLICE SERVICE CITIZEN COMPLAINT FORM

|  |                         |
|--|-------------------------|
| <b>COMPLAINANT'S NAME:</b>   | <b>FILE #:</b>          |
| <b>ADDRESS:</b>  | <b>POSTAL CODE:</b>     |
| <b>PHONE NUMBERS: (H)</b>  | <b>(W)</b>              |
|  | <b>(Other)</b>          |
| <b>DATE/TIME OF INCIDENT:</b>  |                         |
| <b>LOCATION OF INCIDENT:</b>   |                         |
| <b>DATE COMPLAINT RECEIVED:</b>  |                         |
| <b>OFFICERS INVOLVED: (Name and Initials, Regimental #, Work Area)</b>                         |                         |
|  |                         |
|  |                         |
| <b>INJURIES: (if yes, describe)</b>  |                         |
| <b>WITNESSES:</b>  |                         |
| 1.   |                         |
| 2.   |                         |
| 3.   |                         |
| 4.   |                         |
| 5.   |                         |
| <b>NARRATIVE:</b>  |                         |
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| <i>(If more room is required, continue on other side. All pages must be signed and dated.)</i> |                         |
| <b>COMPLAINANT'S SIGNATURE:</b>  | <b>DATE:</b>            |
| <b>RECEIVED BY:</b>  | <b>Reg.#</b>            |
|  | <b>Date:</b>            |
|  | <b>District/Section</b> |