

LIVERMORE POLICE DEPARTMENT CITIZENS REPORT FORM

(Detach This Form from Pamphlet)

COMPLAINT

COMMENDATION

Your Name:

Sex:

Age:

Date of Birth:

Home Address:

Telephone: (home)

(work)

Where Did This Occur?

Date:

Time:

Employees Involved:

Description of Incident:

Please provide the names, addresses, and phone numbers of any person who may have knowledge of this incident:

Name:

Address:

Daytime Phone-#

Name:

Address:

Daytime Phone #:

Name:

Address:

Daytime Phone #:

Name:

Address:

Daytime Phone #:

STATEMENT

(Start the narrative on this page and continue on a Supplemental Form if necessary)

Statement Continued on Supplemental Sheet, yes no

Signed By:

Date/Time

Report Received By:

Date/Time:

Routing: White-Department Yellow-Employee Pink-Citizens Copy

