

PECK POLICE DEPARTMENT CITIZEN COMPLAINT FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE EXPLAIN YOUR CONCERNS IN THE SPACE PROVIDED BELOW:

I UNDERSTAND THAT MY STATEMENT GIVEN IS TRUE AND THE BEST TO MY
KNOWLEDGE:

SIGNATURE: _____

DATE: _____

OFFICER'S ACTIONS:

OFFICER IN CHARGE: _____ BADGE# _____