



Belleville Police Citizen Complaint Report Form

Person Making Report:

Name: _____ AKA: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

DOB: _____ SSN: _____ Age: _____ Sex: _____ Race: _____

Employer/School: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Witness(s):

Name: _____ AKA: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name: _____ AKA: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name: _____ AKA: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Incident:

Nature of Complaint: _____

Complaint Against Officer: _____ Badge: _____

