

Blue Mound Police Department  
Citizen Complaint Form

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Complainant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Witness Names: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer Involved:

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Location/Date/Time of Incident:

\_\_\_\_\_

Location

Date

Time

Officer/Village Employee Receiving the Complaint:

\_\_\_\_\_

Name

Date

Time

**Description of Incident (Be Specific)**

