Fifth District - Department of Correctional Services Citizen Inquiry / Complaint Form



Complainant's Name					Bellinent of Correctional
Address	City		State	<u> </u>	Zip Code
Home Phone Number	Cell Phone Number		Work Pho	one Numbe	er
Gender	Date of Birth:				
Date of Incident	Time of Incident	Arrested? O No	○ Yes	Case #	
Location of Incident					
Fifth District Staff Involved					
Other Agency Staff Involved					
Witness Name					
Address	City	St	tate	Zip Code	
Home Phone Number	Cell Phone Number		Work Pho	one Numbe	er
Witness Name					
Address	City		State	<u> </u>	Zip Code
Home Phone Number	Cell Phone Number		Work Pho	one Numbe	er
Complaint Details					
of a criminal act knowing the act	be reported false information, knowing did not occur, commits a misdemeanor. the filing of a false complaint against th	. An officer shall have			
Complainant Signature		Date/Time			

Date/Time

Fifth Staff Receiving