



DAYTON POLICE DEPARTMENT CITIZEN COMPLAINT/COMMENDATION FORM

Date of Incident _____ Time of Incident _____

Complainant
Full Name _____

Date of Birth _____ Phone _____

Address _____

Location of Incident _____

Name and/or badge # of officer or city employee that is the subject of complaint/commendation

Nature of complaint/commendation: (use back side or additional sheets if needed)

By signing this form, you are acknowledging that this is a formal complaint/commendation and you are aware that with regard to a complaint, you may be asked to testify.

Signature of Complainant _____ Date _____

Department Use Only

Complaint Rec'd by _____ Date _____ Time _____