Arlington Police Department

Commendation / Inquiry/ Complaint Form

Today's Date: _____ Case/Incident Number: _____

Citizen / Reporting Party Information

Name: _____ Date of Birth _____

Address: _____ Email: _____

Home Phone: _____ Video: Yes ❑ No ❑

Work Phone: _____ Photos: Yes ❑ No ❑

Employee Information

Additional APD Employee Information in Narrative ❑

Name: _____ Badge # _____ Vehicle # _____

Male ❑ Female ❑ | Commissioned ❑ Non-Commissioned ❑ | On-Duty ❑ Off-Duty ❑

Description: (height/weight/hair color) _____

Incident Information

Additional Witness Information in Narrative ❑

Date: _____ Time: _____ Location: _____

Witness Name/Telephone: _____

Witness Name/Telephone: _____

Narrative: _____

(continued on back of page)

I hereby certify that I make this complaint freely and willingly without any duress, threat, or promise, and that the information in the complaint is true and correct to the best of my knowledge, information, and belief.

Signature: _____

Arlington Police Department

Commendation / Inquiry/ Complaint Form

Narrative *(continued from page one)*

I hereby certify that I make this complaint freely and willingly without any duress, threat, or promise, and that the information in the complaint is true and correct to the best of my knowledge, information, and belief.

Signature: _____