



VALLEY CITY POLICE

COMPLAINANT			
Name of Complainant	Sex	Race	Date of Birth
Address			
Phone Number	Email Address		
INCIDENT			
Date of Incident	Time of Incident	Incident number	
Location of Incident			
Name of Accused Employee(s) and/or Description			
Have you talked to a Supervisor? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, who?		
WITNESS(ES)			
Please provide information of witness(es)			
Name	Address		Phone Number

