

VALLEY CITY POLICE

COMPLAINANT								
Name of Complainant			Sex	Race	Date of Birth			
Address								
Phone Number		Email Address						
INCIDENT								
Date of Incident Time of Incide		ent	nt Incident number					
Location of Incident								
Name of Accused Employee(s) and/or Description								
Have you talked to a Supervisor? Yes • No		lf yes, who?						
WITNESS(ES)								
Please provide information	1 of witness(es	s)						
Name		Address				Phone Number		

Valley City Police Department - PHONE: 701-845-3110- ADDRESS: 216 2nd AVE NE



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NARRATIVE							
Describe as detailed as possible the nature of your complaint (attach additional pages if necessary).							
Signature of Person Filing Complaint:	Date:	Time:					
By Signing above complaint, I affirm the foregoing information provided to me is true and complete to the best of my knowledge and belief. I am aware of North Dakota Century Code 12.1-11-D3 False information or report to law enforcement officers. It is likely the information provided may result in a official investigation an may be subject to North Dakota Century Code.							

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