

# Cumberland Police Department- Citizen Complaint Form

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_ A.M. P.M. Case No. \_\_\_\_\_

Complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_

Witness #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Witness #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date Occurrence Happened: \_\_\_\_\_  
(Month) (Day) (Year)

Time of Occurrence \_\_\_\_\_ A.M. P.M.

Names of Officers Involved \_\_\_\_\_  
\_\_\_\_\_

## STATEMENT OF COMPLAINT (Describe what happened)

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Was a police vehicle involved? Yes No  
If yes, was it a County, State or Local police vehicle?

\_\_\_\_\_

I have read this complaint and I certify that the facts contained therein are true and correct to the best of my knowledge. I also understand that the information supplied may be used in a court of law if further action is required.

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING COMPLAINT

\_\_\_\_\_  
DATE/TIME OF STATEMENT COMPLETED

Additional pages may be attached to this form.

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Appendix 200-B