

**SHELBY POLICE DEPARTMENT
POLICE COMPLAINT FORM**

NAME OF COMPLAINANT _____

ADDRESS OF COMPLAINANT _____

HOME PHONE _____ BUSINESS PHONE _____

NAME OF ACCUSED _____

OTHER IDENTIFYING INFORMATION _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

WITNESS	ADDRESS	HOME/BUSINESS PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DETAILS OF COMPLAINT _____

DATE: _____ COMPLAINANT'S SIGNATURE: _____

COMPLAINT RECEIVED BY: _____ DATE: _____

INTERNAL AFFAIRS CONTROL # _____