

**ARTESIA POLICE DEPARTMENT
CITIZENS COMPLAINT OR COMMENDATION
FIELD FORM
Part I**

Date of Complaint or Commendable Act ____/____/____

Complainant's Name _____ SSN# ____ - ____ - ____

D.O.B. ____/____/____ Drivers License # _____ State _____

Complainant's Address _____

City _____ State _____ Zip _____

Home # () _____ Work 4 () _____ E-Mail Address _____

involved Officer(s) Name(s) _____

Nature of Complaint _____

Date of Occurrence ____/____/____ Time _____ Location _____

Witness Name _____ Home # _____ Work # _____

Witness Name _____ Home # _____ Work 4 _____

Witness Name _____ Home # _____ Work # _____

Complaint Codes: _____

- (1) Excessive Force (2) Rudeness / Discourteous (3) Failure to Act
- (4) Speeding (5) Misconduct (6) Other (Specify)

I HEREBY SWEAR AND AFFIRM UNDER PENALTY OF LAW THAT ALL OF THE STATEMENTS I PROVIDE TO MEMBERS OF THE ARTESIA POLICE DEPARTMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Complainant's Signature



