## MERCED POLICE DEPARTMENT Citizen's Complaint





	For Official Use (	Only Date Stam	р
	CASE	NO.	
Complainant's LAST Name, First, Middle	Male Female		Date of Birth
Address	City/Zip 🗌 Merced	Phone ( )	Work Phone ( )

Complete this portion if Complainant is a Minor or is assisted by an Attorney

LAST Name, First, Middle		Relationshi	p to Complainant	t	
Address	City/Zip 🗌 Merced	Phone (	)	Work Pho	ne()
Location of Occurrence	C	Day	Date	Time	AM PM

Identity of Involved Personnel

Badge No.	Name / Vehicle No., etc.	Officer	CSO 🗌	Civilian	Sex	Race
Brief Narrative Using	g Own Words. (If you need more space	e, use an additional s	heet of pape	er.)		
Were you injured?	ere you injured? No Yes What would you like as a result of this complaint?					
Witness Name (LAS	T, First, Middle)	Address		City/Zip	Phone	

I have read and understood this statement, which I have made of my own free will, and facts contained therein are true and correct to the best of my knowledge.

Complainant's Signature X	Date			
For Official Use Only				
Complaint Received by	Date/ Time Received			
🗋 Walk-in 🗋 Mail 🗍 Fax				
Intake Officer/Personnel				

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