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| --- | --- |
| **Today’s Date** | Click or tap here to enter text. |
|  |  |
| **Person Filing Complaint** | Click or tap here to enter text. |
|  |  |
| **Phone Number** | Click or tap here to enter text. |
|  |  |

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| **Filing Method** |
|[x]  In Person |
|[x]  By Phone |
|[x]  By Email |

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| **Nature of Complaint** |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  |
| **Name(s) of Witnesses** |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  |
| **Brief Description of Incident** |
|  |  |
|  | Click or tap here to enter text. |
|  |  |
|  | Click or tap here to enter text. |
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|  | Click or tap here to enter text. |
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| Signature | Click or tap here to enter text. |  | Date | Click or tap here to enter text. |