



# BRIGHTON POLICE DEPARTMENT

## COMPLAINT ON POLICE DEPARTMENT EMPLOYEE

### COMPLAINANT:

NAME:

(LAST, FIRST, MIDDLE)

ADDRESS:

(RESIDENCE, BUSINESS)

SEX:

RACE:

AGE:

BIRTH DATE:

OCCUPATION:

PHONE:

DAYTIME:

EVENING:

LOCATION OF OCCURRENCE:

DATE:

TIME:

GEO:

CONNECTING CR#

DATE AND TIME REPORTED:

WITNESS TO THIS INCIDENT:

NAME:

DOB:

ADDRESS:

PHONE NUMBER:

THE EMPLOYEE IS BELIEVED TO BE:

NAME:

SEX:

RACE:

PATROL ( )

ANIMAL CONTROL ( )

DETECTIVE ( )

CIVILIAN ( )

REPORTING PARTY SIGNATURE:

I AFFIRM THIS INFORMATION IS TRUE OR CORRECT

OFFICER SIGNATURE/NUMBER AND UNIT/DATE RECEIVED

RECEIVED BY:

**PLEASE EXPLAIN WHAT HAPPENED ON BACK OF THIS COPY:**

**ATTENTION:** WHEN AN ACTION IS FILED AGAINST AN OFFICER(S), HE/SHE BECOMES THE ACCUSED AND AS SUCH HAS ALL OF THE CIVIL AND CRIMINAL RIGHTS AFFORDED ALL ACCUSED PERSONS

IF THE COMPLAINT AGAINST THE OFFICER(S) IS PROVEN TO BE TOTALLY WITHOUT MERIT THE CITY AND OFFICER(S) HAVE THE RIGHT TO FILE A CIVIL ACTION TO RECOVER COSTS AND DAMAGES



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**SIGNATURE:**

**DATE:**