LAWTON POLICE DEPARTMENT CITIZEN COMPLAINT STATEMENT REPORT		DATE OF THIS	DATE OF THIS REPORT	
CITIZEN NAME		DATE OF BIRTH	SOCIAL SECUI	RITY NO.
CITIZEN ADDRESS	TZEM ADDDESS		HOME PHONE	
CHIZEN ADDRESS		HOME THORE		
CITIZEN EMPLOYER		BUSINESS PHONE		
DATE AND TIME OF INCIDENT	ADDRESS WHERE IN	CIDENT OCCURRED		
NAME OF PERSONS YOU ARE COMPLAINING ABOUT	`IF KNOWN			
1.		2.		
		4		
3. HAVE YOU REPORTED THIS TO OTHER OFFICER:	OTHER OFFICER: IF SO, WHOM			
() YES () NO				
OTHER PERSON(S) WHO AC	CTUALLY SAW OF	R HAVE DIRECT	Γ KNOWLEDGE	OF THE EVENT
NAME		ADDRESS		PHONE NO.
EVENT SUMMARY OF OCCUR	RENCE OF WHIC	H YOU ARE CO	MPLAINING	
			(USE OT	HER SIDE IF NEEDED)
PLEASE READ BEFO	RE SIGNING	SIGNAT	URE OF COMPLAIN	
I understand that it is a violation to willfully m	nake a false report. In the	event that		
this report is proven false, the information	may be provided to th	e District		

Attorney or City Prosecutor for possible prosecution.	
Subscribed and sworn before me this day of, 20	NOTARY PUBLIC NOTARY NO.
My commission expires on the day of, 20	

EVENT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING (CONTINUED)

ATTACH ADDITIONAL PAGES AS NECESSARY				
OFFICIAL USE ONLY				
Supervisor receiving complaint Time	Date			