



RONAN POLICE DEPARTMENT CITIZEN COMPLAINT FORM

109 2ND Ave. SW • RONAN • MONTANA • 59864-2721 • (406) 676-0223 • FAX (406) 676-0224

Today's Date: ____/____/____

Time: _____AM/PM

Location of incident: _____

Nature of Complaint: _____

This complaint concerns officer(s) _____

Date/Time of Incident: ____/____/____ ____AM/PM

Case Number: _____

Your personal information:

Name: _____

Home Address: _____

Business Address: _____

Race ___ Sex ___ Age ___ Date of Birth _____

Telephone (h) _____ (w) _____ (c) _____

Were you arrested? Yes ___ No ___ If yes, Case # _____

Is this a complaint regarding an officer's use of force? Yes ___ No ___ **if yes:**

What type of force was used? _____

Were you injured? Yes ___ No ___ **if yes:**

Type of injury: _____

Location of injury (arm, leg, etc.): _____

Photos taken? Yes ___ No ___

Parent/Guardian Name (if applicable): _____

Telephone Numbers (h) _____ (w) _____ (c) _____

Witnesses to your complaint:

WITNESS NAME 1: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (c) _____

WITNESS NAME #2: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (c) _____

WITNESS NAME #3: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (c) _____

