## Sioux City Police Department Citizen Complaint Form

## CONFIDENTIAL

Name of Complainant:	DOB:
Home Address/Telephone:	
Sex: M F Race: White Black	Asian Nat. Am Other
Place of Employment/Telephone:	
Preferred Time and Place of Contact:	
Nature of Complaint: Unbecoming Condu	uct Offensive Language
Unsatisfactory Service Rude Be	ehavior Excessive Force
Other:	
Case No Incident Da	te/Time:
Location:	
Name of Officers Involved:	
1	
2	
3	
Witnesses: (Names/Addresses/Telephone)	
1	
2	
3	

Any person who reports false information to a law enforcement authority knowing that the information is false or reports the alleged occurrence of a criminal act knowing that act did not occur is subject to criminal charges under Iowa Code 718.6 (False Reports) and civil remedies under Iowa Code 80F.1(13).

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• Det	tails of Allegation:
omplaina	nt Signature
	STOP – An Officer with the SCPD will complete all information below this line
gnature a	and ID No. of taking the Report (Required)
	of Report:
ow Recei	ived: In Person Phone Mail