

**Division of Safety and Security  
Citizen's Complaint of Actions**

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

I.A. Case No. \_\_\_\_\_  
FOR INTERNAL USE ONLY

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT:**

Complainant's Name: \_\_\_\_\_ SS#: (Required) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Incident/School: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM Officers Involved: \_\_\_\_\_

Arrest(s) Made? \_\_\_\_\_ What Charges? \_\_\_\_\_

Did you sustain injuries that required medical attention/treatment? \_\_\_\_\_ Hospital: \_\_\_\_\_

**WITNESSES:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip

Student's ID# or Witness' SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip

Student's ID# or Witness' SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip

Student's ID# or Witness' SS#: \_\_\_\_\_

