

**HELENA POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

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) _____

