



SOUTH HUTCHINSON POLICE DEPARTMENT COMPLAINT / COMPLIMENT AFFIDAVIT

Date: _____

Personal Information:

Name: _____
First M.I. Last

Address: _____
Street Apt/Lot # City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Complaint or Compliment:

Date of Occurrence: _____ Time of Occurrence: _____ a.m. p.m.

Location: _____
Street Apt/Lot# City State Zip Code

Citation or Case # (if applicable): _____

Officer(s) Name(s) or Badge Number(s) (if known): _____

Statement of Facts:



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Statement of Facts Continued:

Your Signature: _____ Date: _____

Received by: _____ Date: _____