

Date Reported	Time Reported	<b>University of Kansas Police Department</b> <b>2100 W. 36<sup>th</sup> Avenue Suite 115</b> <b>Kansas City, Kansas 66160-7145</b>	Date Occurred	Time Occurred
Day of the Week			Disposition	
Citation #	KSAR#		KSOR #	CAD #
Name of Person Taking Report / Duty Assignment		Notifications made	Date Notified	Time Notified

## Citizen Complaint Form

**INDIVIDUAL MAKING COMPLAINT WILL COMPLETE BALANCE OF REPORT – You will be contacted by a follow up investigator**

Name of Complainant			Last			First			Middle Initial			Address			City			State			Zip		
AGE	RACE	SEX	DATE OF BIRTH			OCCUPATION						PHONE NUMBER (HOME) (BUS)											
NAME OF ALLEGED VICTIM OF INCIDENT IF OTHER THAN COMPLAINANT												ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF PERSON ASSISTING COMPLAINANT (IF ANY)												ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF OTHER WITNESSES			LAST			FIRST			MIDDLE INITIAL			ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF OTHER WITNESSES			LAST			FIRST			MIDDLE INITIAL			ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF OTHER WITNESSES			LAST			FIRST			MIDDLE INITIAL			ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF OTHER WITNESSES			LAST			FIRST			MIDDLE INITIAL			ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF OTHER WITNESSES			LAST			FIRST			MIDDLE INITIAL			ADDRESS						PHONE NUMBER (HOME) (BUS)					
NAME OF OTHER WITNESSES			LAST			FIRST			MIDDLE INITIAL			ADDRESS						PHONE NUMBER (HOME) (BUS)					

NAME OF EMPLOYEE(S) COMPLAINT AGAINST (IF KNOWN)												RANK			ID NO.			SHIFT (DAY/NIGHT)		
<b>EMPLOYEE DESCRIPTION</b>			SEX	RACE	HAIR	HEIGHT	WEIGHT	AGE (APPROX.)			UNIFORMED	OTHER								
NAME												RANK			ID NO.			SHIFT (DAY/NIGHT)		
<b>EMPLOYEE DESCRIPTION</b>			SEX	RACE	HAIR	HEIGHT	WEIGHT	AGE (APPROX.)			UNIFORMED	OTHER								

I understand and it is my desire that this complaint, the details of which begin on page 2, will be investigated thoroughly, and diligently. I declare; that the allegations contained in this complaint are true. I also understand that if the investigation discloses the complaint to be false or malicious, I may be subject to both criminal and civil prosecution, according to the law. I declare that I have not been coerced, made promises, been offered any civil or criminal immunities. I understand that any statement, which self-incriminates myself in any crime, may be used against me.

SIGNATURE OF PERSON MAKING COMPLAINT												DATE			TIME		
SIGNATURE OF POLICE SUPERVISOR / WITNESS / NOTARY PUBLIC												DATE			COMMISSION EXPIRES		

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SIGNATURE OF PERSON MAKING COMPLAINT

DATE

TIME