## **Holdenville Police Department**Citizen Complaint Statement Report

Date of This Report			
rate of This Report			
Citizen Name		Date of Birth	Social Security Number
Citizen Address			Phone Number
Citizen Employer			
Date of Incident	Tim	ne of Incident	
Address Where Inciden	t Occurred		
		2	
3		4	
Name of Persons You a	are Complaining About if Known	1	
	, ,	1	
]Yes [ ] N	lo	o, Whom	
] Yes   [ ] N Have You Reported Thi	is to Other Officer If S	So, Whom	
] Yes   [ ] N Have You Reported Thi	is to Other Officer If S	So, Whom	Knowledge of the Event
] Yes   [ ] N Have You Reported Thi	is to Other Officer If S	So, Whom	Knowledge of the Event
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi	is to Other Officer If S on(s) Who Actually	So, Whom	_
] Yes [ ] N Have You Reported Thi Other Personame	is to Other Officer  If S  On(s) Who Actually  Address	So, Whom	Phone Number
] Yes [ ] New You Reported Thing Other Personal Name	is to Other Officer  If S  On(s) Who Actually  Address	So, Whom  Y Saw Or Have Direct F	Phone Number

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Please Read Before Signing I understand that it is a violation to wil the event this report is proven false, the provided to the District Attorney or Cit	ne information may be	Signature of Cor	malaisant
prosecution.			прашан
Subscibed and sworn before me this	day of	, 20	
County of	Notary No	·	
Ву	My Commission Expires:		SEAL

Event Summary of Occurrence of Which You Are Complaining Continued					

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