

# Holdenville Police Department Citizen Complaint Statement Report

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\_\_\_\_\_  
Date of This Report

\_\_\_\_\_  
Citizen Name Date of Birth Social Security Number

\_\_\_\_\_  
Citizen Address Phone Number

\_\_\_\_\_  
Citizen Employer

\_\_\_\_\_  
Date of Incident Time of Incident

\_\_\_\_\_  
Address Where Incident Occurred

\_\_\_\_\_  
1 2

\_\_\_\_\_  
3 4

Name of Persons You are Complaining About if Known

Yes  No

\_\_\_\_\_  
Have You Reported This to Other Officer If So, Whom

## Other Person(s) Who Actually Saw Or Have Direct Knowledge of the Event

| Name | Address | Phone Number |
|------|---------|--------------|
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |

## Event Summary of Occurrence of Which You Are Complaining

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



