

**WALNUTPORT POLICE DEPARTMENT  
POLICE COMPLAINT FORM**

Name of Person Completing Form: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Location of Incident: \_\_\_\_\_

Officer (s) Involved: \_\_\_\_\_

Names of Other Persons Present: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

**NATURE OF COMPLAINT: PLEASE PRINT OR TYPE. (Attach additional sheets if necessary)**

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