

CLEMSON POLICE DEPARTMENT CITIZEN COMPLAINT FORM

IA# _____
(To Be Completed by Internal Affairs)

COMPLAINANT INFORMATION	LAST NAME:		FIRST NAME:		M.I.	RACE Optional	SEX: Optional	
	HOME ADDRESS:			TELEPHONE NUMBER:		DATE OF BIRTH:		
	CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER:			
	I agree to accept Electronic Mail at the below listed E-mail address in regards to this complaint. (Please Circle) YES NO							
EMAIL ADDRESS								
INVOLVED EMPLOYEE (s)	LAST NAME:		FIRST NAME:		ID #	CAR#	Race:	SEX:
	LAST NAME:		FIRST NAME:		ID#	CAR#	Race:	SEX:
	LAST NAME:		FIRST NAME:		ID#	CAR#	Race:	SEX:
STATEMENT OF COMPLAINT	CASE REPORT NUMBER:		LOCATION OF INCIDENT:		DAY OF INCIDENT:	TIME OF INCIDENT:	DATE OF INCIDENT:	
	(USE ADDITIONAL SHEETS IF NECESSARY):							
_____ (Complainant's Signature)								
NOTE: South Carolina Code of Laws Sections 16-17-722 and 725 state it is unlawful for a person to knowingly make a false complaint of an alleged commission of a crime or to knowingly file a false police report.								
EMPLOYEE RECEIVING FORM: _____ ID# _____								
DATE: _____								

