



Redding Police Department PERSONNEL COMPLAINT AND PROCEDURES REPORT



COMPLAINANT INFORMATION			
Date Reported:	Time Reported:	RPD Case/MCR#	I/A #
Location of Interview:			
Complainant's Name:			
Date of Birth:	Sex:	Race:	
Address:		City	State/Zip:
Home Phone:	Work Phone:	Cell Phone:	

INCIDENT INFORMATION		
Location of Incident:	Date:	Time:
Officer's Name:	Division:	Shift:
Officer's Name:	Division:	Shift:
Officer's Name:	Division:	Shift:
Witness Name:	Home Phone:	Work Phone:
Address:		
Witness Name:	Home Phone:	Work Phone:
Address:		

BRIEF SUMMARY OF COMPLAINT

Complainant's Signature

Date

Interviewer's Signature

Date

Copy of taped statement given to complainant: YES NO

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