PULASKI COUNTY SHERIFF'S OFFICE
CITIZEN COMPLAINT FORM
Policy 3.04

DATE/TIME REC'D _____	INITIALS _____
FOR OFFICE USE ONLY	

INSTRUCTIONS

1 Fill out the form as completely as possible. Please write legibly.
2 Submit the form to the Pulaski County Sheriff's Office.
3 You will be contacted for an interview.

Name: _____ Date: _____

Full Address: _____

How would you like to be contacted? Phone: _____ Email: _____

Location where incident occurred: _____

Police report number: _____ Date: _____ Time: _____ a.m/p.m

Officers involved: _____

Witness name: _____ Phone: _____
(list additional in report)

Briefly describe what happened. Attach additional sheets if needed: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PULASKI COUNTY SHERIFF'S OFFICE
500 ILLINOIS AVE, ROOM A
MOUND CITY IL 62963

OFFICE: 618-748-9374
DISPATCH: 618-748-9124