



# GALLUP POLICE DEPARTMENT

## Citizen's Complaint Field Form Part I

Date of Complaint

Month	Day	Year
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Date of Birth

Month	Day	Year
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First Name

Last Name

Address

City

City
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State	Zip or Postal Code
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Home Phone

Home Phone
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Work Phone

Work Phone
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Driver's License Number

Driver's License Number
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Issuing State

Issuing State
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Social Security Number

Social Security Number
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E-Mail

Officer's Name(s)

Nature of Complaint

Date of Occurrence

Date of Occurrence
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Witness Name 1

Witness Name 1
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Home Phone

Home Phone
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Work Phone

Work Phone

Work Phone
------------

Witness Name 2

Witness Name 2
----------------

Home Phone

Home Phone
------------

Work Phone

Work Phone

Work Phone
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Witness Name 3

Witness Name 3
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Home Phone

Home Phone
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Work Phone

Work Phone

Work Phone
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Complaint Codes: \_\_\_\_\_

- (1) Excessive Force      (2) Rudeness / Discourteousness      (3) Failure to Act
- (4) Speeding              (5) Misconduct                              (6) Other (Specify)

Complainant's Signature



# GALLUP

POLICE DEPARTMENT

## Citizen's Complaint Field Form Part II

Date of Complaint

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Month

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Day

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Year

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Statement of Facts

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(additional pages may be attached)

Complainant's Signature \_\_\_\_\_