

COMPLAINT/COMPLIMENT AFFIDAVIT
CITY OF WICHITA

TODAY'S DATE: _____ CITATION OR CASE #, IF KNOWN: _____

NAME OF COMPLAINANT: _____

ADDRESS: _____ PHONE NUMBER: _____

EMAIL: _____ CELL PHONE: _____

DATE & TIME OF OCCURRENCE: _____

LOCATION: _____

NAME (S) & BADGE NUMBERS OF OFFICERS INVOLVED, IF KNOWN: _____

STATEMENT OF FACTS: (USE BACK OF PAPER IF NECESSARY) _____

SIGNATURE