

**NORTH LITTLE ROCK POLICE DEPARTMENT
COMPLAINT FORM**

Date Reported		Time Reported		In Person		By Telephone		Letter		Other		
Date Occurred		Time Occurred		Location of Occurrence								
Complainant's Name				Home Address				Race	Sex	DOB	Phone	
Complainant Arrested?				Work Address				Cell Phone				
Yes		No						Work Phone				
If Yes, List Charge:				Officer(s) Involved								
				Specific Allegation (In Brief)								
Witness Name				Home Address				Home Phone				
								Cell Phone				
Race	Sex	DOB		Involvement:								
Witness Name				Home Address				Home Phone				
								Cell Phone				
Race	Sex	DOB		Involvement:								
Narrative (Details of the Allegation):												
Form Flow Complaint 04/2021				Complainant's Signature								
Receiving Supervisor						ID#		Division			Date	
Comments/Recommendation(s):												