## Fifth District - Department of Correctional Services Citizen Inquiry / Complaint Form



Complainant's Name		Rent of Corrections
Address	City	State Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number
Gender C Female C	Male Date of Birth:	
Date of Incident	Time of Incident	Arrested?  No  Yes Case #
Location of Incident		
Fifth District Staff Involved	d	
Other Agency Staff Involv	ed	
Witness Name		
Address	City	State Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number
Witness Name		
Address	City	State Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number
Complaint Details	auses to be reported false information, knowin	g the information is false, or who reports the alleged occurence

A person who reports or causes to be reported false information, knowing the information is false, or who reports the alleged occurence of a criminal act knowing the act did not occur, commits a misdemeanor. An officer shall have the right to pursue civil remedies under the law against a citizen arising from the filing of a false complaint against the officer.

Complainant Signature	Date/Time	
Fifth Staff Receiving	Date/Time	