

**CCF**  
**CITIZEN COMPLAINT FORM**  
(Confidential)

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Officer(s): \_\_\_\_\_

Statement of Allegation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(if further space is needed use reverse side of this sheet)

I understand that this statement of complaint will be submitted to the City of Covington Division of Police and may be basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

\_\_\_\_\_

Signature of Complainant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Receiving Complaint

\_\_\_\_\_

Date & Time Received

Check if complainant refused to sign this document: \_\_\_\_\_