

**METROPOLITAN POLICE DEPARTMENT
Washington, D.C.**

CITIZEN COMPLAINT REPORT

| | |
|-----------------------------|---------------------------------|
| 1. FID Control Number | 2. Date of Report |
| 3. Date of Occurrence | 4. District of Occurrence |
| 5. Complainant's Home Phone | 6. Complainant's Business Phone |

| | |
|---|-------------------------------|
| 7. Complainant's Name - Last, First, Middle | 8. Complainant's Home Address |
| 9. Complainant's Business Address | 10. Location of Incident |

11. Nature of Complaint

12. Description of Complaint

 **NOTICE:** Making a False Statement is Punishable by Criminal Penalties (D.C. Code, Section 22-2514)

[Large empty space for description of complaint]

13. Complainant's Certification

I certify that, to the best of my knowledge and belief, the above information is true and correct _____
Complainant's Signature

| | | | |
|-------------------------|-----------|------------------|------------------|
| 14. Report Received by: | Date/Time | 15. FID Reviewer | 16. CRD Reviewer |
|-------------------------|-----------|------------------|------------------|