RIVERSIDE POLICE DEPARTMENT
COMPLAINT CONTROL FORM

Complaint File Number: _____

Police Report/Cite Number: _____

Location of Incident: _____ Date: _____ Time: _____

Received By: _____ Date/Time: _____ Routed to: _____

Subject Employee: _____ ID# _____

Complainant: _____ Date of Birth: _____ Sex: _____ Race: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell / Business Phone: _____
Business Address: _____
Email Address: _____

Witness: _____ Date of Birth: _____ Sex: _____ Race: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell / Business Phone: _____
Business Address: _____

Witness: _____ Date of Birth: _____ Sex: _____ Race: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell / Business Phone: _____
Business Address: _____

Complaint: _____

Signature of Complainant (Optional): _____

You may also submit a complaint by telephoning the Department at (951) 351-6050 (Watch Commander, 24 hours).

Additional Information: