



**RIVERSIDE POLICE DEPARTMENT** Complaint File Number: \_\_\_\_\_  
**COMPLAINT CONTROL FORM** 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:** \_\_\_\_\_

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**Signature of Complainant (Optional):** \_\_\_\_\_

