# RIVERSIDE POLICE DEPARTMENT
# COMPLAINT CONTROL FORM

**Complaint File Number:** For PD Use Only

**Police Report/Cite Number:** _____

Location of Incident: _____ Date: _____ Time: _____

Received By: For PD Use Only Date/Time: For PD Use Only Routed to: For PD Use Only

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): _____

Reset Form | Español | Print | Email

Mail to: Riverside Police Department - Internal Affairs, 4102 Orange Street, Riverside, CA 92501
You may also submit a complaint by telephoning the Department at (951) 351-6050 (Watch Commander, 24 hours).

Additional Information: