



Miles City Police Department

2420 Bridge St
Miles City, MT 59301
(406) 234-6273

CITIZEN COMPLAINT FORM

Today's Date ____/____/____

Time: _____AM/PM

Location of Incident: _____

Nature of Complaint: _____

This Complaint concerns Officer(s): _____

Date/Time of Incident: _____/_____/_____ AM/PM

Case Number: _____

Your personal information:

Name: _____

Home Address: _____

Business Address: _____

Race _____ Sex _____ Age _____ Date of Birth _____

Telephone (h) _____ (w) _____ (C) _____

Were you arrested? Yes _____ No _____ If yes, Case # _____

Is this a complaint regarding an Officer's use of Force? Yes _____ No _____ **If yes:**

What type of force was used? _____

Were you injured? Yes _____ No _____ **If yes:**

Location of Injury: (arm, leg, etc) _____

Photos taken? Yes _____ No _____

Parent/ Guardian name (if applicable): _____

Telephone Numbers (h) _____ (w) _____ (C) _____



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Witnesses to your complaint:

Witness Name #1: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (C) _____

Witness Name #2: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (C) _____

Witness Name #3: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (C) _____

Witness Name #4: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (C) _____

