



# Citizen Complaint Form

Chino Police Department  
5450 Guardian Way  
Chino, California 91710



Date/Time Occurred		Date/Time Reported		Location of Occurrence	
Related Case/Report/Citation Number(s)					
Complainant Name			Driver License Number	Date of Birth	Age
E-Mail Address					
Residence Address				Zip	Residence Phone
Business Address				Zip	Alternate Phone
Allegations / Nature of Complaint:					
(Attach additional pages as necessary)					
Employee(s) Involved:					
Name		Rank	Badge	Vehicle No.	Sex/Race
Description					
Name		Rank	Badge	Vehicle No.	Sex/Race
Description					
Witness(es):					
Name		Date of Birth	Age	Sex/Race	Residence Phone
Address				Zip	Alternate Phone
Name		Date of Birth	Age	Sex/Race	Residence Phone
Address				Zip	Alternate Phone
Do you possess or have knowledge of any items such as photographs, audio or video recordings, etc., to support the complaint?					
Yes: <input type="checkbox"/>		No: <input type="checkbox"/>			
If YES, please explain:					
(Attach additional pages as necessary)					

