

# Russell Police Department

## Citizen Complaint Form

Name of Citizen Making Report:

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Phone Number:

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Citizen's Address:

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Date and Time of Incident:

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### Details of Complaint:

(Please print legibly or type)

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I hereby certify that the statements given by me herein are true and accurate to the best of my knowledge.

Further I understand that making a false statement may constitute a violation of law

Signature of Complainant:

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Date:

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DEPT USE ONLY DO NOT MARK

Received by:

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Date and Time:

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