

COMPLAINT FORM

Tonganoxie Police Department 128 East 6 th Street, Tonganoxie, Kansas 66086 Telephone# : 913-369-3754 Fax # 913-369-4008					To Be Completed by TPD Staff 1. IAS Control Number 2. Date & Time Complaint Received				
3. How Complaint Was Received (Please Circle): In Person Fax E-mail U.S. Mail Other Specify:									
4. Complainant's Name – Last, First, Middle				5. Date of Birth		6. Age	7. Sex	8. Race, Ethnicity or N.O.	
9. Home Address					10. Home Telephone Number				
11. Work Address				12. Occupation		13. Work Telephone Number			
14. Other Means of Contacting Complainant <i>(cell phone, page, e-mail, friend, etc.)</i>									
15. General Nature of Incident									
16. Location of Incident									
17. Date and Day of Week Incident Occurred									
18. Time of Incident			19. Witnesses						
20. Name of Employee(s) Involved						21. Agent Vehicle-Tag Description			
22. Physical Description of Employee(s) (hair and eye color, height, sex, race/ethnicity, etc)									
23. Describe Injuries <i>(if any)</i>									
24. Where Treated <i>(name of hospital, doctor, etc.)</i>									
25. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including police officers)									

