OHIER SOLICE	Official Complaint Form	
RIVERTON POLICE DEPARTMENT		

Date of Complaint: ____/___/

Complainant Information:

First Name	Middle Initial	Last Na	ame				
NAME:							
Street Address	City	State	Zip				
ADDRESS:							
Home			Work				
PHONE:							
Name of Officer(s) Involved:							
Date Occurred:///	Time Oc	curred:	: AM / PM				
Weather Conditions: []Rain []S	Snow []Fog	[] Clear	Other:				
Location Occurred:							
(Please be	e specific, if possible.)						

Witness Information:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Nature of Complaint:

Instructions: Please give a detailed description of the incident and the reason for the complaint.

Complainant, being duly sworn and under penalty of perjury, states that to the best of Complainant's knowledge and belief, the foregoing statements (made on the front, rear, or on any attached sheets of this document) are true and correct.

Complainant Signature: _____

Subscribed and sworn before me this ____ day of _____, 200____,

NOTARY PUBLIC