



Official Complaint Form

**RIVERTON
POLICE
DEPARTMENT**

Date of Complaint: ____/____/____

Complainant Information:

NAME:	First Name	Middle Initial	Last Name	
ADDRESS:	Street Address	City	State	Zip
PHONE:	Home		Work	

Name of Officer(s) Involved: _____

Date Occurred: ____/____/____ Time Occurred: ____:____ AM / PM

Weather Conditions: [] Rain [] Snow [] Fog [] Clear Other: _____

Location Occurred: _____
(Please be specific, if possible.)

Witness Information:

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

