



FORM 37 - CITIZEN COMPLAINT FORM

Citizen Complaint Form

Type of Complaint _____

Complaining Party Name: _____

Address: _____

Phone: _____

Offensive Party Name: _____
(if known)

Address: _____

Phone: _____

Narrative: _____

Office Use Only
Date Rec'd: _____
Time Rec'd: _____
Taken by: _____
Log No. _____

Complainant Signature

Date

This document is subject to the Kansas Open Records Act (K.S.A. 45-215)