



COOS COUNTY SHERIFF'S OFFICE

COOS COUNTY COURTHOUSE
250 N. BAXTER ST COQUILLE, OR 97423
(541) 396-7800 ■ FAX: (541) 396-1025



CITIZEN'S COMPLAINT FORM

Completed forms can be submitted in person, by mail or fax Report Date: Time:

COMPLAINANT'S NAME	MOBILE TELEPHONE
HOME ADDRESS	HOME TELEPHONE:
BUSINESS ADDRESS	BUSINESS TELEPHONE

I N C I D E N T I N F O R M A T I O N

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

Write a brief description of the incident. If necessary, please use and attach a separate sheet of paper.

W I T N E S S E S

Please record information on witnesses. If there were no witnesses, please record "none".

WITNESS'S NAME	ADDRESS	TELEPHONE
WITNESS'S NAME	ADDRESS	TELEPHONE

SIGNATURE REQUIRED

In signing this form you, the complainant, are declaring that all information contained herein is true to the best of your knowledge.

SIGNATURE

DATE