



Yale Police Department Complaint Form

Complainant Information

Last Name	First Name	Age	Today's Date	Today's Time
Home Address	City		State	Zip Code
Work Address	City		State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number		
Email Address				

Incident Information

Location of Incident	Incident Date	Incident Time
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Statement of Complaint

Please tell, in your own words and in detail, exactly what happened. Include the names of any witnesses or police officers who saw what happened and the names and shield numbers (if possible) of police officers you are complaining about. Describe any injuries or damages suffered and any other relevant facts or information.

Attach any documents, such as photos, medical or police reports, related to your complaint. Attach additional pages if needed.

I hereby request that the Yale Police Department investigate the conduct alleged in this complaint and take appropriate action. I certify, by my signature below, that I have prepared, read and fully understand the information provided in this complaint and that all information provided in this complaint is true and complete to the best of my knowledge.

I, the undersigned, fully understand that if I make a false statement which is intended to mislead a law enforcement officer in the performance of an official investigation, I will be in violation of Title 21 Section 491 of the Oklahoma Criminal Statutes, regarding making a false statement. A crime which can be punishable by fine and/or imprisonment. I may also be obligated to reimburse each law enforcement agency for expenses incurred as a result of any false accusations or information provided by me. I also understand that the obligation to provide accurate and truthful information is a continuing responsibility which remains constant throughout the investigation of the case and the possible prosecution of the subject of said investigation.

The statement that I am about to give is true and correct to the best of my knowledge and belief.

Signature of Complainant	Date	Signature of Witness	Date
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