Salina Police Department

Officer Complaint Form

Complainant:

Name: _____ **D.O.B.** _____

Address: _____ **Phone:** _____

Officer Information:

Name: _____ **Badge #:** _____

Location: _____ **Date of Incident:** _____

Incident:

"Oklahoma Statute title 21, sec. 589: It shall be unlawful to willfully, knowingly, and without probable cause make a false report to any person of any crime or circumstances indicating the possibility of crime having committed, including the unlawful taking of personal property, which report causes or encourages the exercise of police action or investigation. Any person convicted of violating the provisions of this subsection shall be guilty of a misdemeanor punishable by imprisonment in the county jail for not more than (90) ninety days or by a fine of not more than five hundred dollars ($500.00), or by both such fine and imprisonment."

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Printed name **Signature**