



GLENDALE POLICE DEPARTMENT CITIZEN COMPLAINT STATEMENT

Name of person making allegation (print): _____

I, _____, declare that the attached statements and allegations I have made against _____ (employee name) are a true and accurate statement of the facts and circumstances. This incident occurred on _____ (date) and at _____ (location).

I understand that pursuant to A.R.S. 13-2907.01 it is a class 1 misdemeanor for a person to knowingly make a false, fraudulent or unfounded report or statement or to knowingly misrepresent a fact for the purpose of interfering with the orderly operation of a law enforcement agency or misleading a peace officer, and that such misdemeanor is punishable by up to six months in jail, \$2,500 fine and/or three years probation. I understand that if I make a false report I may be prosecuted under this statute and/or any other applicable statute.

Signature, Date and Time

Supervisor Signature and ID number

City of Glendale, Arizona
Police Department
6835 North 57th Drive
Glendale, AZ 85301
Telephone (623) 930-3056
Administration Fax (623) 931-2103