

**OLATHE POLICE DEPARTMENT
REPORT OF COMPLAINT
CONFIDENTIAL**

Date: _____

Complainant Information

Your Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address (if applicable): _____

Incident Occurred: Date: _____ Time: _____

Name of Officer(s) or Civilian Employee(s) involved:

Were you arrested? Yes No Did you receive a citation? Yes No

Charge (s) (if applicable): _____

Court Date (if applicable): _____

Citation Number (if applicable): _____

Witness Information

Name of Witness: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

