


P.D. 99 Rev. 12/84  METROPOLITAN POLICE DEPARTMENT Washington, D. C.  <b>CITIZEN COMPLAINT REPORT</b>	1. FID Control Number	2. Date of Report
	3. Date of Occurrence	4. District of Occurrence
	5. Complainant's Home Phone	6. Complainant's Business Phone

7. Complainant's Name – <i>Last, First, Middle</i>	8. Complainant's Home Address
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9. Complainant's Business Address	10. Location of Incident
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11. Nature of Complaint

12. Description of Complaint

 **NOTICE:** Making of a False Statement is Punishable by Criminal Penalties (D.C. Code, Section 22-2514).

Blank space for description of complaint.

13. Complainant's Certification

*I certify that, to the best of my knowledge and belief,  
 the above information is true and correct.*

\_\_\_\_\_ *Complainant's Signature*

14. Report Received by –	Date/Time	15. FID Reviewer	16. CRD Reviewer
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(Use plain paper if additional space is needed.)