



# WOODSON TERRACE POLICE DEPARTMENT

4305 Woodson Road Woodson Terrace, MO 63134  
Station: (314) 427-5858 Dispatch: (636) 529-8210 FAX: (314) 427-0215



## CITIZEN COMPLAINT

Your Name:	Date of Birth:	Date of this report:
Your Address:	City:	State / Zip
Email Address:	Cellular Phone Number:	Home Phone:
Date and Time of Incident:	Address of where incident occurred:	State / Zip
Name of Officer(s) /Staff Involved: 1.		Name of Officer(s) /Staff Involved: 2.
Name of Officer(s) /Staff Involved: 3.		Name of Officer(s) /Staff Involved: 4.
Have you reported this to other officer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, whom? When?

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### Person(s) / Witness(s) who actually saw the event including self:

Name:	Address:	Phone:
1.		
2.		
3.		
4.		
5.		
6.		

Print summary of allegation:

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I, \_\_\_\_\_, hereby wish to file a formal complaint in reference to the above described incident which occurred on or about \_\_\_\_\_ 20\_\_\_\_. Signature \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

State of \_\_\_\_\_; County/City of: \_\_\_\_\_;

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_, (Signature of Notary) \_\_\_\_\_.

Return in-person to: Woodson Terrace Police Department 4305 Woodson Road, Woodson Terrace, MO 63134

WTPD #17 (02/12/25)

