City of Sudan

Police Department

Complaint or Complement Form

Please provide the information below for the person filing the complaint or complement.

Name_____

Telephone number_____

e-mail address_____

Address_____

Please provide the location of the interaction with the peace officer with a description of the basis for the complaint or complement.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____