CLAREMONT POLICE DEPARTMENT CITIZEN COMMENT FORM	RECEIVED B	FORM W. RECEIVE	AS NUMBER: ED
 Please Check: Commendation Complaint Regarding Policies/Procedure 	□ Suggestic s □ Complain	on t Regarding Officer Misc	onduct
 Racial or Identity Profiling Complaint (If yes, indicate which type) Check all that apply Race Ethnicity Religion Age Nationality Gender Identity Physical Disability Gender Sexual Orientation Mental Disability 			
Please complete all applicable sections below. Reporting Party's Information			
Last Name: First Name	Middle Name:	Home Phone Number	Work Phone Number:
Home Address:	City:	State:	Zip:
Contact/Event Information Date of Contact/Event:	Time and Location of C	ontact/Event:	
COMMENDATION/COMPLAINT/SUGGESTION Please write your comments below in detail. You may attach additional sheets if necessary. For more information about the complaint process, please read the attached brochure.			
If you are attaching additional sheets, please indicate the number of pages: Additional sheets must be signed and dated.			
Witness Information 1) Last Name: First Name	Middle Name:	Home Phone Number	Work Phone Number:
		()	()
Home Address:	City:	State:	Zip:
2) Last Name First Name:	Middle Name:	Home Phone Number:	Work Phone Number:
Home Address:	City:	State:	Zip:
Involved Officer or Department Employee Information			
/	rst Name: rst Name:		cation Number:
	rst Name:	Identifi	cation Number:
4) Last Name: Fi	rst Name:	Identifie	cation Number:
Signature of the Complainant Date Signature of Parent or Guardian if the Complainant is a Minor Date			