



MYRTLE BEACH POLICE DEPARTMENT CITIZEN COMPLAINT / COMMENDATION FORM

Nature: _____

Date/Time: _____ / _____ Location: _____

Citizen's Name: _____ Race/Sex/Age: _____ / _____ / _____

Home Address: _____ Telephone: _____

Business: Address: _____ Telephone: _____

Other Complainant(s) and/or witnesses

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you filing a; **Complaint** **Commendation**

Employee(s) Involved: _____

Summary of Incident:

Citizen's Signature: _____ Date/Time: _____

Form Received By: _____ Date/Time: _____