



TOLEDO POLICE DEPARTMENT

214 West High Street • PO Box 373 • Toledo, Iowa • 52342
Phone: (641) 484-3013 • Fax: (641) 484-2280



Citizen Complaint Form

Please complete the following information so that the Toledo Police Department can properly investigate your complaint.

Name: _____

Date: _____

Address: _____

Phone: _____

Nature of Complaint: Please include as much detail as possible (Location, Dates, Times, Witnesses, etc.). Please print or type legibly. You may use additional sheets if necessary.

I do make the following voluntary statement of my own free will and without any promises or offers of leniency for favor, and without any compulsion or persuasion by any person whomsoever. Int._____

Resolution: Please explain how you feel the complaint should be resolved.

The Police Chief will review your written complaint to determine if any actions need to be taken. The Police Chief will take into account your resolution recommendation but reserves the right to resolve all complaints as the Police Chief sees fit.

I have read each page of this statement consisting of ___ pages, and I swear the facts contained herein are true and correct. Int._____

Complainant's Signature: _____

Date: _____

Notary Name/Expiration: _____

Notary Seal

Notary Signature: _____