

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
UNITED STATES PARK POLICE

CITIZEN COMPLAINT REPORT

COMPLAINANT'S NAME – LAST, FIRST, MIDDLE		DATE OF REPORT	USPP USE ONLY
COMPLAINANT'S HOME ADDRESS		DATE OF INCIDENT	
COMPLAINANT'S BUSINESS ADDRESS		COMPLAINANT'S HOME PHONE	IMARS CASE NUMBER PP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NATURE OF COMPLAINT		COMPLAINANT'S BUSINESS PHONE	REFER TO CASE NUMBER PP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LOCATION OF INCIDENT			
DESCRIPTION OF COMPLAINT			
NOTICE: MAKING OF A FALSE STATEMENT IS PUNISHABLE BY CRIMINAL PENALTIES (18 USC SEC. 1001 OR 36 CFR 2.32)			
COMPLAINANT'S CERTIFICATION			
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS TRUE AND CORRECT.			_____ COMPLAINANT'S SIGNATURE
REVIEWED BY (SIGNATURE AND DATE)		SUPERVISORY REVIEW (SIGNATURE AND DATE)	