



UNITED STATES CAPITOL POLICE

Washington, D.C. 20510-7218

COMPLAINT REPORT

CP Form 536 Rev. 7/2006

COMPLAINT NUMBER (_____)

COMPLAINANT'S NAME - LAST, FIRST, MIDDLE	DATE OF REPORT:
	DATE OF OCCURENCE:
COMPLAINANT'S HOME ADDRESS:	LOCATION OF INCIDENT:
COMPLAINANT'S BUSINESS ADDRESS:	HOME PHONE:
	WORK PHONE:

SUBJECT PERSONNEL:	RANK/BADGE OR PIN #	ASSIGNMENT

WITNESS NAMES	WITNESS ADDRESS	WITNESS PHONE NUMBERS

COMPLAINT (EXPLAIN THE NATURE AND CIRCUMSTANCES LEADING TO YOUR COMPLAINT:

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COMPLAINANT'S SIGNATURE

DATE:

HOW WAS THIS COMPLAINT RECEIVED?:

IN PERSON TELEPHONE MAIL

SUPERVISOR TAKING STATEMENT

DATE:

IAD COMMANDER SIGNATURE

DATE: