

# Hoover Police Department

## Civilian Complaint Form

### Complainant Information (Optional)

Civilian wishing to file complaint: (Check if you wish to Make An Anonymous Complaint:  )

(Official Use Only) Tracking #

Last Name		First Name			Middle
Street Address					
City				ST	Zip
Age	Race	Sex	Date of Birth (MM/DD/YYYY)	Occupation	
Phone			Email		
Person involved in Incident (if not complainant), and relationship to complainant. Include Name, Address, Phone Number					
Witnesses (Name, Address, Phone Number)					

### Officer Information

Officer Complained Against:

Name (if Known)			Sex	Race
Additional Physical Descriptive As Supplied by Complainant				
Transportation (Marked/Unmarked)	Vehicle Number	License Plate #	Uniform Description	Additional Description (Badge Number if Provided)
Secondary Officer(s) On Scene of Incident				
Date of Incident (MM/DD/YYYY)		Time of Incident (HH:MM AM/PM)		
Location of Incident				
Description of Incident/Complaint				
(May Continue Narrative on Back of Form)				

Mail Completed Form to :

**Hoover Police Department**  
**Attention: Professional Standards**  
**100 Municipal Lane**  
**Hoover, AL 35216**

If Complaint is not Anonymous, do you wish to have follow up communication:  Yes  No

Official Use Only Below This Line	Complaint Received By:	ID #	Date/Time
Complaint Forwarded To:	Rank:	ID #	Date / Time

