



Civilian Police Complaint Form

For complaints against the Pulaski Police Department

Complainant Information

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Date of Birth: _____ Telephone: _____

Email: _____

Date and Time of Incident: _____

Address where incident happened: _____

Name and Badge Number of Officer(s): _____

Optional: Village Board request you give the Police Chief and Police Commissioner the information below for statistical purposes to include in its reports to the Village of Pulaski Board Trustees

Gender: Male ___ Female ___ Transgender _____

Sexual Orientation: Heterosexual ___ Homosexual ___ Bi-Sexual ___ Asexual ___

Race: African American ___ Native American ___ Hispanic ___

Caucasian ___ Asian ___ Other _____

Report Submitted: _____ Signature: _____

