



GLASGOW POLICE

Glasgow Police Department
101 Pin Oak Ln
Glasgow, KY 42141

Office (270) 651-6165 Fax (270) 651-6166

Citizens Complaint Affidavit

Case Number: _____

Date: _____

Time: _____

Complainants Name: _____

Complainants Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Date of Birth: _____

Incident Location: _____

Incident Date: _____ Incident Time: _____

Witness Names	Addresses	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Involved Employee(s):

1. _____
2. _____
3. _____
4. _____

Nature of Complaint:

HONESTY

RESPECT

INTEGRITY



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(You may attach separate pages if needed)

1. I have been advised that whoever makes a false statement under oath, which he/she does not believe to be true, in regards to any material matter, shall be guilty of Perjury in the Second Degree. _____ **(Initials)**
2. I acknowledge that a law enforcement officer has the right to bring suit against any person, group of persons or organizations or corporations, for making a false statement under oath against such officer.
_____ **(Initials)**
3. I have read or have had read to me this _____ day of _____, _____, my affidavit and I swear that it is true and correct to the best of my knowledge, information, and belief and therefore affix my signature on the space provided below.
_____ **(Initials)**

Affiant

Witness

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public, State of Kentucky

My Commission Expiration Date