COLLINSVILLE POLICE DEPARTMENT
1023 WEST CENTER STREET
COLLINSVILLE, OKLAHOMA 74021

Office: (918) 371-1000 **Fax: (918) 371-1005**

Formal Complaint Form Instructions

Please Complete all sections of the form including the narrative portion. Please be as thorough as possible on the narrative. All information must be truthful as this is a sworn document and any untruthfulness could be subject to prosecution.

Once you have completed the form please place it in an envelope, seal and return to the Collinsville Police Department.

All complaints will be assigned to the appropriate staff for investigation.

Collinsville Police Department

Formal Complaint

Affidavit

STATE OF OKLAHOMA)

) SS.

COUNTY OF TULSA)

I, _____ being duly deposed and upon oath, declare the following statement, consisting _____ of pages, is true and correct under the penalty of perjury and that I make the following statement voluntarily of my own free will knowing that such statement, if not true and correct, could later be used against me in any court of law, and i declarethat this statement is made without any threat, coercion, offer of benefit, favor or offer of favor, by any person whatsoever.

COMPLAINANT

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ BUSINESS ADDRESS: _____

HOME PHONE # _____ CELL PHONE # _____

BUSINESS PHONE # _____

EMPLOYEE

NAME OF ACCUSED (IF KNOWN): _____

ALLEGED INCIDENT OCCURED: _____ / _____ / _____ AT _____ a.m. __ p.m, __

MO. DAY YEAR

LOCATION OF INCIDENT: _____

[On the pages that follow, describe in detail the nature of the incident, giving specific details, statements, violations, locations and/or personal injuries.]

When complete sign and have notarized before returning

Subscribed and sworn before me on this date _____

_____ _____

Notary Public **Commission Number**

Formal Complaint Form

Narrative

Complainant Name: _____ **Date:** _____

Singature: _____ **Date:** _____

Addition pages may be used: Signature only needed on one page