**MIDLAND COUNTY CONSTABLES OFFICE, PCT # 3**

**COMPLAINT INVESTIGATION FORM**

Date: _____ Time: _____

Place of Occurrence: _____

Officer involved: _____

Complainant name: _____

Complainant Address: _____

Time & Date of Complaint: _____

IN YOUR OWN WORDS PLEASE RELATE WHAT OCCURRED ON THE DATE IN QUESTION (be specific):_____

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_____ _____

Signature Date

_____

Notary public