

## STATEMENT OF COMPLAINT

(Please check one box)

Employee

### Non-Employee

**COMPLAINANT** (Please Print)

Last Name			First Name		Date of Birth:		Date	
					SSN#			
Address <i>Number</i> <i>Street</i>			<i>City</i>		<i>State</i>		<i>Zip</i>	
								Home Phone #

**COMPLAINANT INFORMATION** (Please Print)

Date Occurred	Time Occurred	Place of Occurrence			
Event Number (if known)	Were you cited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you seek medical care? If so, where? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee #1 involved (if name is known)				P#	
Employee #2 involved (if name is known)				P#	

**DETAILS** (Please be specific and include the names of any witnesses)

[illegible]

The above information is true and accurate. I understand that a person who deliberately reports to any police officer, sheriff, district attorney, deputy sheriff, deputy district attorney or member of the Department of Public Safety that a felony or misdemeanor has been committed, which causes a law enforcement agency to conduct a criminal or internal investigation, knowing such report to be false, is guilty of a misdemeanor. (NRS 207.280).

Signature

Printed Name

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**STATEMENT OF COMPLAINT CONTINUATION**

Page \_\_\_\_\_ of \_\_\_\_\_

Event #: \_\_\_\_\_

[illegible]

Witness: \_\_\_\_\_

SIGNATURE OF PERSON GIVING STATEMENT

Witness: \_\_\_\_\_

PRINT NAME OF PERSON GIVING STATEMENT