TO FILE A COMPLAINT OR COMMENDATION:

TODAY'S DATE: _____

NAME:_____ ADDRESS:_____

PHONE: (DAY) (EVENING) (CELL) (E-MAIL)

_____

INCIDENT DATE/TIME: _____ INCIDENT CASE#_____ INCIDENT LOCATION_____

EMPLOYEES INVOLVED (IF KNOWN): _____

WITNESSES:_____

THE FOLLOWING HAPPENED:_____

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MAIL OR EMAIL TO:
Santa Clara Police Department
601 El Camino Real
Santa Clara, Ca. 95050 police@santaclaraca.gov