

GTCC Police Department Complaint Form (1.16 Attachment A1)

Your Name

First _____ Last _____

Address

Street: _____

City: _____

State: _____

Zip Code: _____

Phone and E-Mail (at least one required)

Home: () _____ Cell: () _____

Work: () _____

Email _____

Contact Information of Someone Who Can Contact You if GTCC Police Cannot Reach You

Name: _____ Phone: _____

Date, Time, and LocD B