

WILLIAMS POLICE DEPARTMENT 501 W. Route 66 Williams, Az. 86046



CITIZEN ACTION REQUEST (Complainant)

This form will be used to review the complaint you have about an employee of the Williams Police Department. When filling out your complaint, you need to be specific about the details of your complaint/incident. If you don't know the employee's name, you need to describe the employee. Please provide the date, time and location of the incident, as these pieces of information are crucial in investigating your complaint. You must be truthful in your complaint. Failure to be absolutely truthful will result in the complaint being unfounded. Please print legibly when completing this form. Upon completion of the form please return it to the Williams Police Department, care of the Chief of Police.

Name:	Sex:	Race:	_ Age:	D.O.B
Level of Education: (Optional)				
Address:				
City:			Zip:	
Business Address:		Phone:	Email	:
Incident Date/Time:	Location:			

Complainant Signature	Date	