

JENKS POLICE DEPARTMENT

918-299-6311 918-556-7498 (fax) www.jenks.com

211 N Elm ST PO Box 2007 Jenks, OK 74037

Comment, Commendation or Complaint

	Date.					
Your Name:	D.O.B	Email				
Your Address:						
Home Phone:		nate Phone:			_	
Employer:	Business Ph	one:				
Date and Time of Incident:	Address/Location Incident Occurred:					
Name of person(s) you are reporting, if known						
1	2					
Witness(s) (Other (s) who actually saw event)						
1Phone #	<u> </u>			Phone # _		
Have you reported this to other officers? ☐ Yes ☐ No	If so, who?					
Print summary of occurrence of which you are report	ing:					
			_			
					(Use other side)	
Signature				_	•	
Receiving Officer & Badge # Location Received			Date	Time	Department	
2 2000					Tracking Number	

Summary Continued	