

**Concerned Citizens Complaint Form  
Columbus Police Department**

Group Represented \_\_\_\_\_

Date \_\_\_\_\_

Location of Incident \_\_\_\_\_

Time \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUSPECT DESCRIPTION**

Sex:      Male            Female

Race:    White        Black        Other

Height:  Average    Short        Tall

Build:    Average    Stocky      Thin  
           Muscular    Heavy Set

Age:      5-10 yrs    11-15 yrs    16-19 yrs  
           20-30 yrs    31-40 yrs    41-50 yrs  
           51-60 yrs    Over 60 yrs

Eyes:    Brown        Blue        Hazel  
           Grey          Other Unknown

**Clothing Description**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicle Description**

Make \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

Tag No. \_\_\_\_\_ State \_\_\_\_\_

Style    2-Doors    4-Doors    Station Wagon  
           Sports Car    Hatchback    Convertible  
           Van          Pick-Up    Other Truck

Please fill out this form with as much information as possible. Check the closest box possible to match the description of the vehicle or person. If more space is needed, use the back of this form. If there are additional suspects, use additional forms.