## **Unified Police Department of Greater Salt Lake Internal Affairs**

**Jason Mazuran** Chief of Police

Mark Olsen Division Chief

Melody Cutler Lieutenant



**Heatherlyn Lohrke**Sergeant

Scott Wilberger Sergeant

## **Citizen Complaint Form**

Your Full Name:		Date of Birth:
Home Address:		
City	_ State:	Zip:
Phone Numbers: Home:	Work:	Cell:
Date and time of occurrence:		
Address or precinct of occurrence	:	
Name(s) of involved officers (if known	own) <u>:</u>	
<b>Details</b> (please be as detailed as pos	sible):	

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I,, do hereby affirm that the foregoing information provided by me is true and
correct to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements,
accusations or allegations made by me, either orally or in writing to any person(s) investigating this complaint
may subject me to civil liability and/or criminal prosecution. I agree to notify you of any witnesses and
video/audio evidence I have or know of regarding this complaint and provide the same to you upon request.
I realize that it may become necessary during the investigation of this complaint for me to meet with
representatives of the Unified Police Department to discuss this complaint, either in the presence or absence of
the accused department member(s) at the discretion of the department. I hereby accept the premise that if any
action is initiated through a court or administrative proceeding as a result of my complaint, my testimony
before these hearings may be required. I agree to make myself available as a witness before either of the
aforesaid bodies, upon request by the Chief of Police.
Complainant's signature:
Date: AM / PM