

CITY OF ANDOVER ANDOVER POLICE DEPARTMENT

CITIZEN COMPLAINT

DATE: _____ TIME: _____

COMPLAINANT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OCCURRED: _____ TIME OCCURRED: _____

COMPLAINT: _____

Please use the back of this form for additional information if needed.

SIGNATURE: _____

Do you believe that you are a victim of racial profiling? ☐ YES ☐ NO

If you believe you have been, you have the right to contact:

Office of the Attorney General/Biased Policing
120 SW 10th Ave., 2nd Floor
Topeka, KS 66612-1597
Fax: (785) 291-3699

OFFICER(S) RECEIVING COMPLAINT: _____

ACTION TAKEN AS FOLLOWS: _____

SUPERVISOR: _____

Michael A Keller, Chief of Police

909 N. Andover Rd. • P.O. Box 783 • Andover, KS 67002 • 316-733-5177 • FAX 316-733-9648