



Rose Hill Police Department Citizen Complaint Form



Date: _____ Time: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

I do affirm that all facts and statements contained herein are true and correct.

Complainant's Signature

Submit the completed form to the Chief of Police, P.O. Box 185, 125 W. Rosewood, Rose Hill, Ks. 67133