EARLHAM POLICE DEPARTMENT
140 S CHESTNUT AVENUE EARLHAM, IA
(515) 758-2281

Citizen Concern Form

Date: _____

Name: _____

Address: _____

Phone: _____

Officer (s) Involved: _____

Nature of Concern:

_____

_____

_____

_____

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_____

Signed: _____

By signing the above, I swear and affirm the details as summarized are true and accurate.

Pursuant to Chapter 80F of the Code of Iowa, person or persons making false reports to a law enforcement agency may be in violation of Chapter 718.6.