

DETAILS OF THE INCIDENT CONTINUED

Empty space for incident details.

WITNESS/OTHERS INVOLVED

Table with 5 columns: Name, Address, Email, Home Phone, Cell Phone. Contains 4 empty rows.

You may return this form to the Johnson County Sheriff's Office online, by email, mail or in person.

Email forms to: Major Lamm at rlamm@johnsoncountyiowa.gov

Mail to: Johnson County Sheriff's Office
Attn: Major Lamm
PO Box 2540
Iowa City, Iowa 52244

NOTICE: Depending on the nature of your complaint you may be contacted by a supervisor for additional information.

Signature: _____

Date: _____

OFFICE USE ONLY

Form received by: _____ Date/Time: _____

Assigned to: _____ CFS#: _____