

Odessa Police Department

310 S First Street ● Odessa, MO 64076

Phone: 816-633-7575 • Fax: 816-633-7221 • odessapd@cityofodessamo.com

COMPLAINT

(Pursuant to §590.502 RSMo)

Complaining Party

Name:	Phone:
Address:	
Email:	
Name of Officer and/or Badge Number:	
Statement of Complaint Please provide as much detail as possible. Be sure to include date(s) of the incident(s), specific location(s), and any supporting details. Describe the specific way(s) in which you believe you have been affected.	

I hereby certify that the statements given by me herein ar personal knowledge. I understand that making untrue dec statements under oath of affirmation are punishable by la complaint process, my complaint will be closed with no f	larations to public servants or untrue w. If I do not cooperate fully with the
Signature of Complaining Party	Date
	<u> </u>
Name of Receiving Party	
Signature of Receiving Party	