



**SHOSHONI POLICE DEPARTMENT**

214 Idaho St.  
Shoshoni, WY 82649  
307-876-2600

**CHIEF**  
Christopher Konija

**SERGEANT**  
Matt Smith

**COMPLAINT FORM**

\*Complaints may be submitted anonymously. Official complaints require submitters name and specific statements of incident or complaint. Official complaints may be submitted as confidential and not disclosed to any parties involved and will be classified as Law Enforcement Restricted. All complaints should be submitted directly to the Chief of Police.

Type of Complaint:

- General (Non-Criminal)
- Personnel (Restricted)
- Criminal or Civil (Confidential)
- Anonymous (Confidential)

Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Approximate Date and Time of Incident: \_\_\_\_\_

Location of incident for complaint: \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

Please provide specifics of complaint: \_\_\_\_\_

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