



Formal Withdrawal of Complaint Form

The mission of the Oklahoma City Police Department is to deliver exceptional police services to our community with integrity, compassion, accountability, respect, and equity.

Complainant Information

Name:	Age: Date of Birth:
Address:	Phone Number:
Business Address:	Business Phone:
E-mail Address:	
I hereby withdraw my complaint of,	
Nature of Co	
of which I am the complainant and/or alleged victin employed with the Oklahoma City Police De at AM PM. Location	Name of Accused (or description) epartment. The alleged incident occurred or
at AM PM. Location	n:Address if known (or general location)
I make the	following voluntary statement of my own free
will, and without any threat or promise from any	source whatsoever, withdraw the accusation
and/or complaint heretofore placed against police	officers(s) or personnel. I hereby promise to
indemnify and save harmless, the City of Oklahon	na City, or its agents, servants and employees
from any present or, future responsibility or liabilit	y that may be applied or inferred as it pertains
to my previous complaint made on	

Month/Day/Year

I request that all investigations and actions now cease in the matter.

Mail, email, or deliver the completed form to:

Oklahoma City Police Department Office of Professional Standards 700 Colcord Drive Oklahoma City, OK 73102 ProfessionalStandards@okc.gov

Name of Complainant

Date of Statement