



# UNITED STATES CAPITOL POLICE

CP-1439  
(09/11)

## REPORTS REQUEST FORM

REPORTS PROCESSING SECTION  
499 SOUTH CAPITOL STREET S.W.  
WASHINGTON, DC 20510

(Please Type or Print Legibly)

**Complete as much information as possible** \*Please note that while requests for information can routinely be completed 7-10 days from the date of report, in some instances it may take longer.

1. REQUESTOR NAME (Last, First, Middle)		2. DATE OF REQUEST	
3. REQUESTOR BUSINESS/ORGANIZATION	4. PHONE NUMBER	5. FAX NUMBER	
6. EMAIL ADDRESS (if applicable)			
7. CAPITOL FILE NUMBER (CFN)		8. CENTRAL COMPLAINT NUMBER (CCN)	
9. TYPE OF REPORT		10. DATE OF REPORT	
ACCIDENT <input type="checkbox"/> OFFENSE <input type="checkbox"/> INCIDENT <input type="checkbox"/>			
<b>IF CFN OR CCN IS UNKNOWN PLEASE PROVIDE THE FOLLOWING, IF KNOWN, TO ASSIST IN SEARCHING FOR THIS RECORD</b>			
11. NAME OF REPORTING OFFICER		12. PIN NUMBER OF REPORTING OFFICER	
13. NAME OF PERSON(S) INVOLVED			
14. DATE OF EVENT	15. TIME OF EVENT	16. LOCATION OF EVENT	
<b>REPORTS PROCESSING SECTION ONLY</b>			
17. NAME OF RPS PROCESSOR			
18. INFORMATION FOUND	YES <input type="checkbox"/> NO <input type="checkbox"/>	19. DATE ACTION TAKEN	
20. ACTION TAKEN			
FAXED <input type="checkbox"/> EMAILED <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP IN PERSON <input type="checkbox"/>			
NOTIFIED REQUESTOR THAT REQUEST CANNOT BE COMPLETED. REQUESTED INFORMATION IS NOT PUBLIC INFORMATION AND CANNOT BE RELEASED <input type="checkbox"/>			