<!doctype html>

<html>

<head>

<title>Complaints</title>

<style>

ul {

list-style-type: none;

margin: 0;

padding: 0;

overflow: hidden;

background-color: black;

}

li {

float: left;

}

li a {

display: block;

color: #9cabaf;

text-align: center;

padding: 14px 16px;

text-decoration: none;

font-size: 100%;

font-weight: bold;

}

li a:hover {

background-color: #111;

}

</style>

</head>

<body background="secure.jpg">

<table border class="10" bordercolor="black" align="center" cellpadding="5" cellspacing="6" width="100%" height="20%">

<tr>

<h1 style="color:white" align="center">CRIME UNCRYPTED</h1>

</tr>

</table>

<ul>

<li><a href="Home Page.html">HOME</a></li>

<li><a href="News.html">NEWS</a></li>

<li><a href="wanted.html">MOST WANTED</a></li>

<li><a href="comp.html">COMPLAINTS</a></li>

<li><a href="about.html">FEEDBACK AND ABOUT US</a></li>

</ul>

<div style="float: right"><a href="logout.php">Logout</a></div>

<h1 align="center"><font color="white">COMPLAINT FORM</font></h1>

<form action="compdb.php" method="post">

<table border="0" align="center">

<tr>

<th><font color="#FFE4C4">Username:</font></th>

<td><input type="text" name="us" title="uName" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Subject:</font></th>

<td><select name="su">

<option value="1">Lost</option>

<option value="2">Stolen</option>

<option value="3">Harassment</option>

<option value="4">Other</option>

</select></td>

</tr>

<tr>

<th><font color="#FFE4C4">Crime Description:</font></th>

<td><textarea name="cd" required="required" rows="10" cols="30">

</textarea></td></tr>

<tr>

<th><font color="#FFE4C4">Suspect Name:</font></th>

<td><input type="text" name="sn" title="sName"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Suspect Description:</font></th>

<td><textarea name="sd" rows="10" cols="30">

</textarea></td></tr>

<tr>

<th><font color="#FFE4C4">Date: </font></th>

<td><input type="date" name="da" title="Date" style="color:black" value="" placeholder="dd/mm/yyyy" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Time:</font></th>

<td><input type="time" name="ti" value="" required="required" placeholder="Hr:min:sec"></td>

<td><select name="ap">

<option value="1">AM</option>

<option value="2">PM</option>

</select></td>

</tr>

<tr>

<th><font color="#FFE4C4">Mobile no:</font></th>

<td><input type="number" name="mo" maxlength="10" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Email Id:</font></th>

<td><input type="email" name="em" required="required" ></td>

</tr>

</table>

<body>

<form method="post" action="mailto:surabhi810@gmail.com" >

<input type="submit" value="Submit" />

</form>

<td><input type="reset" value="Discard">

</td></tr>

</body>

</form>

</body>

</html>