Oroville Police Department

Personnel Complaint Form

Name of Complainant	Address	Phone
Date and Time of Incident/Loca	ntion	
Officer name and /or description	on	
Witnesses / Others Present :		
Full Name	Address	Phone
Basic Complaint:		
(Complainant <u>MUST</u> fill out co	emplete statement on reverse side)	
Officers Side:		

Detailed Statement of Complaint

Please include all facts regarding the incident in question including all actions, statements, and witness involvement		
I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT AND I AM WILLING TO TESTIFY TO THESE FACTS IN ALL LEGAL PROCEEDINGS.		
Signature of Complaintant		
Date Signed		

Date reported Date Investigation Completed		
Discussed with officer on this date		
Investigation		
Finding		
		
Date complainant notified of finding		
Investigated by		