



PORT ANGELES

WASHINGTON, U.S.A.

POLICE DEPARTMENT

321 East 5th Street
Port Angeles, WA 98362

Citizen Compliment/Complaint Form

If you would like to register a complaint or commend an employee of the Port Angeles Police Department, please complete this form. You will receive a copy of the form upon request. You may mail a copy of this form to the Police Department at 321 East 5th Street, Port Angeles, WA 98362 or you may deliver the form to the Police Department at your convenience.

To the Citizen:

It is essential that the entire community have confidence in its police service and the administration, which supervises the exercise of police authority. Confidence can be gained by ensuring that police employees who deliver exceptional service are recognized for their professionalism while those employees that engage in misconduct are held accountable. This requires a procedure for commending employees and for processing allegations of misconduct by department members. The commendation/complaint procedure has been established to serve the citizens of our community and department employees with the fair, impartial, and expedient processing of complaints and/or commendations.

Name of Citizen

Address (Street, City, State, Zip Code)

Telephone Number

Name of police employee(s) to be commended or investigated:

What happened?

(Describe in your own words, everything you consider necessary for the police to either commend or properly investigate the employee(s) in question. Include such information as date, time, location, etc. Use additional paper as necessary)



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Were there witnesses to the incident?

Name of Witness _____ Address (Street, City, State, Zip Code) _____ Telephone Number _____

Name of Witness _____ Address (Street, City, State, Zip Code) _____ Telephone Number _____

Name of Witness _____ Address (Street, City, State, Zip Code) _____ Telephone Number _____

How do you suggest the city resolve the issue?

I understand that I will be informed of the result of the police investigation and the disposition of my *compliment* or *complaint*.

I am _____ am not _____ willing to testify at any hearing in connection with this incident. I have read the above statement and it is true and accurate to the best of my knowledge. I understand that any untrue statements intentionally made by me could result in criminal and/or civil action being taken against me by either the Port Angeles Police Department, the employee(s) named in this incident, or both.

Signature: _____ Date: _____

Police Department Use Only:

Date/Time Received: _____ Incident Number Assigned: _____

Employee Receiving Complaint/Commendation: _____

Assigned Investigator: _____

Complaint Resolution: _____

Complainant Notified of Result (Date/Person Making Notification): _____