City of Prosser Police Department

601 7th Street, Prosser, Washington 99350 Phone (509) 786-1500

CITIZEN COMMENDATION / COMPLAINT FORM

COMMENDATION ☐ COMPLAINT ☐ I. A.# _____
(Official Use)

CITIZEN'S NAME: _____ DAY TEL. #: (_____) _____
(PRINT)

ADDRESS: _____
STREET CITY STATE ZIP CODE

WITNESS'S NAME: _____ DAY TEL. #: (_____)_____
(LIST ADDL IN NARR.) (PRINT)

ADDRESS: _____
STREET CITY STATE ZIP CODE

OFFICER(S) INVOLVED:

1. _____
2. _____
3. _____
4. _____

NATURE OF INCIDENT:

_____

INCIDENT OCCURRED:

DATE: _____/_____/_____ TIME: _____

LOCATION: _____

PLEASE READ BEFORE SIGNING:

I understand that it is a violation of RCW 9A.72.040 False Swearing and/or RCW 9A.76.175 False Statement, to make a false or misleading statement to a public servant. A person who knowingly makes a false or misleading material statement to a public servant is guilty of a gross misdemeanor. "Material statement" means a written or oral statement reasonably likely to be relied upon by a public servant in the discharge of his or her official powers or duties, knowing at the time of such transmission that there is no reasonable ground for believing that such an offense has been committed". In the event the report is proven to be false, the information may be submitted to the County Attorney for possible prosecution.

I realize that it may become necessary during the investigation of this complaint, for me to meet with a member(s) of the Police Department to discuss this complaint, either in the presence or absence of the accused member(s), at the discretion of the department. I hereby accept and agree that if any action is initiated through a court of administrative hearing as a result of my complaint, my testimony before these hearings may be required. I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

_____(Initials)

Narrative: (Please be as brief as possible, narrative may be continued on reverse side)

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Person Receiving Commendation/Complaint Star # Date Time

FORMS: citizen form

Signature of Person Submitting Commendation/Complaint _____ Date_____

The following notary public signature is only required on complaints against sworn police officers.

Subscribed and sworn to before me this_____day of_____, 20____.

Notary Public: _____