## SPOKANE

## Citizen Commendation / Complaint Form

OPO #

Office of the Police Ombudsman 808 W. Spokane Falls Blvd. Spokane, WA 99201

PH (509) 625-6742 / F (509) 625-6748 / spdombudsman@spokanecity.org

COMPLAINANT INFORMATION							
Last Name	First	Name		Middle Name	Jr., III, etc.	Date of Birth	
Address Number/Street		Apt./Suite #	City	,	State	Zip	
Phone # (Home)	Phone # (Ce	ell)	E-M	Iail Address			
INCIDENT DETAILS (IF KNOWN):							
Date of Occurrence:	Tir	ne of Occurrence	e: 	Inciden	t Number:		
Location of Occurrence:							
INCIDENT DETAILS:							
<b>Public Disclosure Notice.</b> Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant, victim, or witness indicates a desire for disclosure or nondisclosure, such desire shall govern (RCW 42.56.240(2)).							

INCIDENT DETAILS (continued):	
Signature of Complainant:	Date: