

## **Citizen Commendation / Complaint Form**

OPO #

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

PH (509) 625-6742 / F (509) 625-6748 / opo@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 # (Cell)	E-Mail Address			
INCIDENT DETAILS (IF KNOWN):					
Date of Occurrence:	Time of Occurrence	e: Incid	ent Number:		
Location of Occurrence:					
INCIDENT DETAILS.					
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)).					
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INCIDENT DETAILS (continued):	
Signature of Complainant:	Date: