



# SPOKANE POLICE DEPARTMENT

## CITIZEN COMPLAINT FORM



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:	Incident Number:
Location of Occurrence:		

INVOLVED EMPLOYEE(S) (IF KNOWN):	
Name #1	Badge #
Name #2	Badge #
Name #3	Badge #

WITNESS(ES) (IF KNOWN):	
Witness # 1 Name	Phone Number
Address Number/Street	Apt./Suite # City State Zip
Witness # 2 Name	Phone Number
Address Number/Street	Apt./Suite # City State Zip
Witness # 3 Name	Phone Number
Address Number/Street	Apt./Suite # City State Zip

