| City of WOODLAND WASHINGTON Citizen Complaint Form |
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| Today's Date:// Time:AM/PM |
| Location of incident: |
| Nature of Complaint: |
| This complaint concerns officer(s) |
| Date/Time of Incident:// AM/PM |
| Case Number: |
| Your personal information: |
| Name: |
| Home Address: |
| Business Address: |
| Race Sex Age Date of Birth |
| Telephone (h)(w)(c) |
| Were you arrested?: Yes No If yes, Case # |
| Is this a complaint regarding an officer's use of force?: Yes No If yes: |
| What type of force was used?: |
| Were you injured?: Yes No If yes: |
| Type of injury: |
| Location of injury (arm, leg, etc): |
| Photos taken?: Yes No |
| Parent/Guardian Name (if applicable): |
| Telephone Numbers (h) (w)(c) |

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Witnesses to your complaint:

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| WITNESS N | NAME 1: | | | |
|-----------|-------------|-----|------|--|
| Home Addr | ess: | | | |
| Race | Sex | Age | DOB: | |
| Telephone | Numbers (h) | (w) | (c) | |
| WITNESS I | NAME #2: | | | |
| Home Addr | ess: | | | |
| Race | Sex | Age | DOB: | |
| Telephone | Numbers (h) | (w) | (c) | |
| WITNESS I | NAME #3: | | | |
| Home Addr | ess: | | | |
| Race | Sex | Age | DOB: | |
| Telephone | Numbers (h) | (w) | (c) | |

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| Summary of incident: | | |
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| | (continue on additional sheets as ne | ecessary) |

I have read each page of this statement and certify that the facts contained herein are true and correct. Knowingly giving false information to a public servant is a punishable offense under RCW 9A.76.175. Police department employees who are the subject of frivolous or malicious statements may have legal recourse against a false accuser

Dated this_____ day of ______ 20 _____ Signature of person making statement