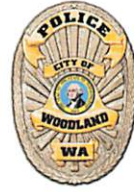




City of
WOODLAND
WASHINGTON
Citizen Complaint Form



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) _____

Witnesses to your complaint:

WITNESS NAME 1: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (c) _____

WITNESS NAME #2: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (c) _____

WITNESS NAME #3: _____

Home Address: _____

Race _____ Sex _____ Age _____ DOB: _____

Telephone Numbers (h) _____ (w) _____ (c) _____

