Eagle Point Police Department

Police/Citizen Complaint

				Complaint Number
Date	Time	Supervisor Receiving Complaint		
Complainants Name				Date of Birth
Home Address	City	State	Zip	Home Phone
Business Address	City	State	Zip	Work Phone
Witness Name				Date of Birth
Home Address	City	State	Zip	Home Phone
Business Address	City	State	Zip	Work Phone

Please list additional complainants and/or witnesses on the reverse side of this sheet.

Officers Name	Officer Badge Number	DPSST Number
Type of incident:	Location of incident:	
Date of incident:	Time of incident:	

(Additional incident description on reverse side.)

DESCRIBE THE INCIDENT

_____

_____

_____

_____

_____

_____

_____

_____

_____

AFFIRMATION

I, _____ affirm that the information provided by me is true and complete to the best of my knowledge. I understand that any false, misleading or untrue statements made by me, either orally or in writing, to any person(s) investigating this complaint may subject me to civil and/or criminal prosecution. I realize that it may become necessary for me to meet with member(s) of Eagle Point Police Department to discuss this complaint, either in the presence or absence of the accused Department member at the discretion of the Department. I accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before these hearings may be required. I agree to make myself available to any court or administrative hearing when requested to do so.

SIGNED _____ this,____day of 20___ in the City of Eagle Point, Oregon.

NOTICE TO COMPLAINANT

Your complaint will be brought to the attention of the Chief of Police, .who will have the complaint investigated. The complaint will be reviewed and a final disposition made. A representative of the Police Department will notify you of the final disposition of your complaint within a period of 30 days from the date shown below.

_____ Date

_____ Signature of employee accepting complaint