

WAPATO POLICE DEPARTMENT

COMPLAINT ON PERSONNEL

INTERNAL INVESTIGATION/CRIMINAL INVESTIGATION

COMMENDATION
 ADMINISTRATIVE COMPLAINT
 CRIMINAL COMPLAINT

DATE:	TIME:	INFORMATION RECEIVED BY:
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CITIZEN'S INFORMATION - Check if Anonymous

LAST NAME:	FIRST:	SEX:	DOB:	RACE:
PHONE: (Home) (work)	ADDRESS:			

MEMBER'S INFORMATION

LAST NAME:	FIRST:	BADGE #:	CAR#
OR DESCRIPTION:			

WITNESS(ES) INFORMATION

LAST NAME:	FIRST:	SEX:	DOB:	RACE:
PHONE: (Home) (work)	ADDRESS:			
LAST NAME:	FIRST:	SEX:	DOB:	RACE:
PHONE: (Home) (work)	ADDRESS:			
LAST NAME:	FIRST:	SEX:	DOB:	RACE:
PHONE: (Home) (work)	ADDRESS:			

INCIDENT INFORMATION:

DATE:	TIME:	LOCATION:
TYPE OF INCIDENT/CHARGES:		
NATURE OF PRAISE OR COMPLAINT:		
Disposition	COMMENTS:	
PRAISE NOTED, COPY FORWARDED.		
EXPLAINED POLICY OR PROCEDURE TO CITIZEN.		
RESOLVED WITH CITIZEN WITHOUT MEMBER INPUT.		
RESOLVED WITH CITIZEN AFTER MEMBER INPUT.		
DISCUSSED WITH MEMBER TO RESOLVE.		
FILED ONLY, NO WAY TO IDENTIFY MEMBER.		
NO EVIDENCE BASIS FOR COMPLAINT - FILE ONLY		
OTHER RESOLUTION (SEE COMMENTS)	SUPERVISOR RECEIVING/INITIATING:	DATE:
REFERRED TO:		
RECEIVED BY:		
RECEIVED BY:		

