



DES MOINES POLICE DEPARTMENT

Citizen's Complaint

Citizen's Compliment

(DMPD Use Only)

Date Complaint Received	Complaint Registry Log Number

CITIZEN'S INFORMATION

Please provide your contact information but complaints and/or compliments may be made anonymously

Name:					
Address:					
City:		State:		Zip:	
Day Phone:		Evening Phone:			

INFORMATION ABOUT INCIDENT

Date of Contact/Incident:		Time of Contact/Incident:	
Location of Contact/Incident:			
Police Case Number (If Applicable):			

WITNESS(ES) INFORMATION

Name:		Contact #	
Name:		Contact #	
Name:		Contact #	

EMPLOYEE(S) INFORMATION

Name:		ID #	
Name:		ID #	
Name:		ID #	

DETAILS ABOUT THE INCIDENT OR ACTION

(May Attached Additional Pages if Needed)

RECOMMENDATIONS

(What Would You Like To See Happen)

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FOLLOW UP & DECLARATION

Would you like to be contacted by the employee(s) supervisor? Yes No

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct." (RCW 9A.72.085)

Signature of person completing form: _____

Completed forms may be delivered or mailed to:

Des Moines Police Department
21900 11 Avenue South
Des Moines, WA 98198
Attention: Professional Standards Sergeant

(DMPD Use Only)

Receiving Supervisor:	
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Employee(s) Supervisor:		Date Received:	
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