

BELLEVUE POLICE DEPARTMENT
CITIZENS COMPLAINT FORM

NAME: LAST, FIRST, MIDDLE		DATE
HOME ADDRESS		PHONE
WORK: COMPANY NAME / ADDRESS		PHONE
DATE OCCURRED	LOCATION OCCURRED	

Officers Involved

OFFICER NAME	BADGE NO.	OFFICER NAME	BADGE NO.
OFFICER NAME	BADGE NO.	OFFICER NAME	BADGE NO.

Witnesses if known

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

Summary of complaint (Attach additional sheets as necessary)

Summary of any Injuries

The Bellevue Police Department diligently investigates complaints of misconduct that are filed against members of the Department. Because the professionalism and reputation of its officers are of high concern, the Police Department maintains a policy of criminally prosecuting any individual who knowingly files a false statement of misconduct against a department member, or who makes untruthful statements during the filing of the complaint and during the complaint investigation process. Individuals making knowingly false allegations may also be subjected to civil litigation filed by the department member who the complaint was filed against.

Complainant's Signature: _____