



Buckley Police Department

Chief Kurt Alfano

Buckley Police Department

Department Personnel

Citizen Complaint Form

COMPLAINANT: _____
Last: _____ First: _____ MI: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

TYPE OF INCIDENT: _____

DATE OF COMPLAINT: _____ TIME OF COMPLAINT: _____

PERSON RECEIVING COMPLAINT: _____

SUPERVISOR RECEIVING COMPLAINT:

**** Please describe the event and the complaint in detail:**

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Signature of complainant

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LIST OF WITNESSES

1. _____
Name: _____ phone: _____

2. _____
Name: _____ phone: _____

3. _____
Name: _____ phone: _____

4. _____
Name: _____ phone: _____

IF THERE ARE ADDITIONAL WITNESSES PLEASE LIST THEIR NAMES AND PHONE NUMBERS ON AN ADDITIONAL PAGE.

DEPARTMENTAL ACTIONS: