



BINGEN-WHITE SALMON POLICE DEPARTMENT

PERSONNEL COMPLAINT FORM

142 East Jewett Boulevard / PO Box 2139, White Salmon, WA 98672
(509) 493-1177 Fax: (509) 493-1007 info@bwspolice.com

Date:	Last Name, First MI:	DOB:	Driver's License #:	State:
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Residence Address: _____ Zip: _____ Phone Number: _____

Personnel / Officer Involved: _____ **Date and Time of Incident:** _____

COMPLAINT DETAILS

I UNDERSTAND THAT IN CASE OF AN UNSUBSTANTIATED OR MALICIOUS COMPLAINT, THE OFFICER INVOLVED IN THIS COMPLAINT MAY HAVE THE RIGHT TO PURSUE A CIVIL ACTION AGAINST ME IN A COURT OF LAW. I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

Signed: _____ **Date / Place:** _____