

Renton Police Department  
**Police/Citizen Complaint**

				Complaint Number
Date	Time	Supervisor		Case #
Complainant's Name				Date of Birth
Home Address	City	State	Zip	Home Phone
Business Address	City	State	Zip	Work Phone
Witness Name				Date of Birth
Home Address	City	State	Zip	Home Phone
Business Address	City	State	Zip	Work Phone

**Please list additional complainants and/or witnesses on the reverse side of this sheet.)**

Officer's Name	Officer's ID Number:	Officer Badge Number:
Type of incident:	Location of incident:	
Date of incident:	Time of incident:	

**(Additional incident description on reverse side.)**

**DESCRIBE THE INCIDENT**

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**AFFIRMATION**

I, \_\_\_\_\_, affirm that the information provided by me is true and complete to the best of my knowledge. I understand that any false, misleading or untrue statements made by me, either orally or in writing, to any person(s) investigating this complaint may subject me to civil and/or criminal prosecution. I realize that it may become necessary for me to meet with member(s) of the Renton Police Department to discuss this complaint, either in the presence or absence of the accused Department member at the discretion of the Department. I accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before these hearings may be required. I agree to make myself available to any court or administrative hearing when requested to do so.

SIGNED \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the City of Renton, Washington, County of King.

**NOTICE TO COMPLAINT**

Your complaint will be brought to the attention of the Chief of Police, who will assign a special investigator to gather all of the facts. Once the investigator has filed a report, it will be reviewed and a final disposition made. A representative of the Police Department will notify you of the final disposition of your complaint within a period of 30 days from the date shown below.

Please mail or deliver this form to:  
Renton Police Department  
Attn: Deputy Chief  
1055 S Grady Way  
Renton WA 98057

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of employee accepting complaint

