

Everett Police Department
Citizens Complaint Form

Name of Aggrieved Person: _____
(If aggrieved person is complainant, information is not mandatory.)

Home Address: _____ **Tel. No.:** _____

Officer Complained About:

Name: _____ **Rank:** _____ **ID #:** _____

Name: _____ **Rank:** _____ **ID #:** _____

Name: _____ **Rank:** _____ **ID #:** _____

Witness' (if any):

Name: _____ **Tel. No.:** _____

Address: _____

Name: _____ **Tel. No.:** _____

Address: _____

Nature of Complaint: *(Describe in your own words everything you consider necessary for the matter to be completely investigated. You may add on to another sheet if necessary.)*

I understand that I will be informed of the result of the investigation and the disposition of my complaint within thirty (30) days. I am ___ I am not ___ willing to testify at any Internal or Criminal Hearing on this matter. To the best of my knowledge, the above statement is an accurate and true account of the incident.

Signature: _____ **Signature:** _____
Aggrieved party or Complainant **Officer-in-Charge**

Date and Time Received: _____

