

Everett Police Department Complaint Control Form

Complaint # (Assigned by IAU) Type of Complaint						ORIGINAL To: Internal Affairs			
Bias Conduct Alleged			d. Voc	No		COPY To: Complainant at time of complaint COPY To: Division of Police Standards (POST)			
Date of Complaint Time of Complaint						_In PersonMail	Email	1031)	
			Was Received			TelephoneOnline		_POST (DPS)	
Date of Occurrence	Time of Occu	urrence	Locat	Location of Incident (No, Address, City)					
Complainant (Last Name, Fir		Com	plainant Address (N	No, Stree	et, City, State, Zip Code)				
Mobile Phone:	Se	ex: Male	Race	Age	D.O.B.		Married:		
Work Phone:		Female					Yes	No	
Result of: Parking Complain	t Arrest Field	d Interview		Signature of Complainant if Resolved at Time of Complaint:					
Traffic Citation Other	Injury								
Witness Name:		Witness Address:		Mobile Phone:					
The less name.		Withess / tadiess.		Work Phone:					
Witness Name:		Witness Address:		Mobile Phone:					
						Work Phone:			
Name of Employee Complained Against:				Badge Number / Employee ID Number					
Name of Employee Complained Against:				Badge Number / Employee ID Number					
Name of Employee complain	ica Agamot.			budge Humber / E	проус	e ib italibei			
Narrative:			1						
WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to \$500 and imprisonment for up to one year shall									
punish whoever knowingly makes a FALSE REPORT of a crime on this form. Complainant Signature:									
Complainant's Parent or Guardian if Complainant is under (<18) Eighteen:									
Signature of Supervisor Rece		,	Employ	oyee ID No: Time and Time:					