



CHEHALIS TRIBAL DEPARTMENT OF PUBLIC SAFETY

CITIZEN COMPLAINT OF EMPLOYEE CONDUCT

COMPLETED FORMS CAN BE EMAILED TO A SUPERVISING OFFICER
UPON REQUEST CONTACT (360) 273-7051



PLEASE INCLUDE A COVER SHEET FOR
CONFIDENTIALITY PURPOSES

COMPLAINT AND CONTACT INFORMATION

NAME			
ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE	WORK PHONE		CELL PHONE
EMAIL ADDRESS			
STATEMENT GIVER IS			
<input type="checkbox"/> <u>Aggrieved Party</u> <input type="checkbox"/> <u>Witness to Incident</u> <input type="checkbox"/> <u>Other</u>			

INVOLVED PERSONNEL AND ALLEGATION

OFFICER(S) NAME AND/OR NUMBER
CASE NUMBER (IF AVAILABLE)
DATE AND APPROXIMATE TIME OF INCIDENT
LOCATION
ALLEGATION(S)
DESCRIBE OR ATTACH A DESCRIPTION OF THE INCIDENT (if more space is needed us back of page)

Please Read Carefully Before Signing

By signing the line below, I am affirming that the details contained in my statement are true and correct to the best of my knowledge.

Signature

Date

PS&IA USE ONLY			
DATE	EMPLOYEE	Case #	INTAKE NAME

PHONE (360)273-7051

[illegible]

Date_____

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