

# Lynnwood Police Department

## Statement of Complaint

		Complaint Number	Date of this Report
Name of Complainant (Please Print)		Date of Birth	Home Phone
Address		Cell Phone	
Employer		Business Phone	
Date and Time of Incident		Address Where Incident Occurred	
Name of Person(s) You are Complaining About, if Known			
1.		2.	
3.		4.	
Have You Reported this to Anyone Previously?		If So, Whom?	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Persons Who Actually Saw the Event (Including Self)			
Name	Address	Phone No.	
	Home		
	Business		
	Home		
	Business		
	Home		
	Business		
	Home		
	Business		
	Home		
	Business		
Print Summary of Occurrence of Which You are Complaining:			

**Please Read Before Signing**

- I understand, and it is my desire, that this complaint be investigated. I declare that the allegations contained in this complaint are true.
- I also understand that it is a violation of RCW 9A.76.175 to knowingly make a false or misleading material statement to a public servant.
- The complainant in this matter is either unknown, unable, or is unwilling to swear out the affidavit. The information contained in this form is a true and accurate summary of the incidents as related to me by the complainant.

<u>Signature of Complainant</u>	

Date	Location
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Person Receiving Complaint:	Personnel No.	Place Taken:	Date:	Time:
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