

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:			

