

## Woodburn Police Department Citizen's Complaint/Commendation Statement

Office Use Only

I want to file a:	Complaint	Comme	ndation			Received By: Date Received:	
Today's Date/Time: _						Assigned to:	
Information about yo	ou:						
Last Name:	Fiı	rst:	MI:_		Sex	α: Male	Female
Home Phone: (	)		_Alternate Phone:	( )			
E-mail:			Date of Birth:	1	1		
Information about th	e incident: Date:_	1 1	_Time:	AM PM	Inciden	Case Number:	
Incident Address / Loc	cation:		Vio	olation Allege	ed:		
Alleged Bias Based O	n Protected Class						
Information about th	e Woodburn Polic	e Department	t officer(s) or Dep	oartment em	nployee(:	s) involved:	
Name:		-	_				
Name:				· ·			
Information about a				_			
				Db /	`		
Witness 1 - Name: Address:				Pnone: (	)		
Date of Birth:			Sex: Male	Fem	ale		
Witness 2 - Name:			_	Phone: (	)		
Address:							
Date of Birth:				☐ Fem	ale		
Brief explanation of	what happened (a	ttach addition	nal pages if need	ed):			

Continued explanation of what happened (attach additional pages if needed):							