



Complaint Form

Return form to: 215 W. Sylvester Street

You have the right to make a complaint against a Police Officer or other department employee for any improper conduct. It is the policy of the Pasco Police Department (#26.2.4) to accept a complaint form of improper conduct. After your complaint is filed, a Police Department member assigned by the Chief of Police will promptly gather all information pertinent to each allegation of misconduct in the complaint. Anonymous complaints will be investigated to the best of our ability based on the information provided. The Chief of Police will make the final disposition of the case. You will be notified by U.S. Mail at the conclusion of the investigation. When complaints are found to be sustained, the Chief of Police shall determine and administer appropriate corrective action. By Washington State Labor rules and collective bargaining agreements, the extent of that action may not be available to the public. Complaints and any reports or findings relating to complaints will be retained as required by the Washington State Document Retention Schedule.

NAME (First, Middle, Last)				Date of Birth	Telephone Number
					No Known Phone Number
Address	City	State	Zip	Email (print clearly)	
Witness(s) Name(s) / Telephone Number(s) / Address(s)					
Location of Occurrence				Date	Time
Officer(s) Involved Name(s)					
Describe the Event and What took Place / What are the Allegations? (Use additional paper if needed)					
The Pasco Police Department is committed to the professional conduct of our Police Officers. Honest feedback is essential to maintaining a police department that is both trustworthy and transparent. Therefore, it is critical that truthfulness be maintained in the filing and investigation of complaints against the police.					
<i>I, Hereby certify that the information in this complaint is true and correct to the best of my knowledge. I know that it is against the law to file a false police report.</i>					
Signature of Complainant				Date / Time	
Department Employee Receiving Complaint				Date / Time	