

SUNNYSIDE POLICE DEPARTMENT ADMINISTRATIVE COMPLAINT FORM

FOR OFFICE USE ONLY

DATE REPORTED: _____ TIME REPORTED: _____ RECEIVED BY: _____

NAME: _____ DATE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

OTHER PERSONS PRESENT: _____

WARNINGS AND INFORMATION

Washington State Law provides in RCW 9A.72.040 that:

- 1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law.
- 2) False swearing is a gross misdemeanor punishable by a \$5,000 fine and/or a maximum of one year imprisonment.

I UNDERSTAND THAT ANY FALSE OR UNTRUE STATEMENT MADE BY ME IN THE COURSE OF THIS COMPLAINT MAY SUBJECT ME TO CRIMINAL OR CIVIL LAW LIABILITY.

I realize that it may become necessary during the investigation of this complaint, for me to meet with a member(s) of the Police Department to discuss this complaint, either in the presence or absence of the accused member(s), at the discretion of the department. I hereby accept and agree that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before these hearings may be required. I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

I HAVE READ THE ABOVE WARNINGS AND INFORMATION OR HAVE HAD IT READ TO ME. I UNDERSTAND IT AND DO HEREBY MAKE THE ATTACHED PERSONAL STATEMENT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature of Complainant

Witness Signature

Page _____ of _____

COMPLAINT FORM

CASE NO. _____

EMPLOYEE'S NAME(S): _____

COMPLAINANT
LAST NAME: _____ FIRST: _____ MI: ___ DOB: _____
ADDRESS: _____ PHONE (H): _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMPLOYER (OPTIONAL): _____ PHONE (W): _____

WITNESSES/OTHER COMPLAINANTS (LIST ADDITIONAL ON REVERSE IF NEEDED)

1. LAST NAME: _____ FIRST: _____ MI: ___ DOB: _____
ADDRESS: _____ PHONE (H): _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMPLOYER (OPTIONAL): _____ PHONE (W): _____

2. LAST NAME: _____ FIRST: _____ MI: ___ DOB: _____
ADDRESS: _____ PHONE (H): _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMPLOYER (OPTIONAL): _____ PHONE (W): _____

3. LAST NAME: _____ FIRST: _____ MI: ___ DOB: _____
ADDRESS: _____ PHONE (H): _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMPLOYER (OPTIONAL): _____ PHONE (W): _____

COMPLAINT (BRIEF SUMMARY OF ALLEGATION)

