



DES MOINES POLICE DEPARTMENT

Citizen's Complaint
Citizen's Compliment

(DMPD Use Only)

Date Complaint Received	Complaint Registry Log Number

CITIZEN'S INFORMATION

Please provide your contact information but complaints and/or compliments may be made anonymously

Name:					
Address:					
City:		State:		Zip:	
Day Phone:		Evening Phone:			

INFORMATION ABOUT INCIDENT

Date of Contact/Incident:		Time of Contact/Incident:	
Location of Contact/Incident:			
Police Case Number (If Applicable):			

WITNESS(ES) INFORMATION

Name:		Contact #	
Name:		Contact #	
Name:		Contact #	

EMPLOYEE(S) INFORMATION

Name:		ID #	
Name:		ID #	
Name:		ID #	

DETAILS ABOUT THE INCIDENT OR ACTION

(May Attached Additional Pages if Needed)

RECOMMENDATIONS

(What Would You Like To See Happen)

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FOLLOW UP & DECLARATION

Would you like to be contacted by the employee(s) supervisor? Yes No

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information contained in this form to include any written attachments is true and correct" (RCW 9A.72.085)

Signature of person completing form: _____

Completed forms may be delivered or mailed to:

Des Moines Police Department
21900 11 Avenue South
Des Moines, WA 98198
Attention: Professional Standards Sergeant

(DMPD Use Only)

Receiving Supervisor:	
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Employee(s) Supervisor:		Date Received:	
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Receiving Supervisor shall log the complaint in the Complaint Registry Log and forward the written compliant form to appropriate employee(s) supervisor or make Command Staff notification per Department Policy 1020 (Personnel Compliant Procedure).

Employee(s) Supervisors shall complete the Citizen Contact Form (SCCF) with Officer's Report on all complaints received and forward to Command Staff per Department Policy 1020 (Personnel Compliant Procedure). All completed informal and formal complaints are to be forwarded to the Professional Standards Unit.