Citizen Police Comment Form

City of DuPont, WA

Your Name		Home Telephone
Home Address		Work Telephone
1. Witness	Home Address	Home Telephone
2. Witness	Home Address	Home Telephone
Date and Time of Incident	Location of Incident	
Officer or Dept. Personnel Involved	Officer or Dept. Personnel Involved	

Comment or Complaint in Detail

I understand that I may be charged with violation of RCW 9A.84.040, "False Reporting" by initiating a false complaint. I certify that all information is true and correct.

_____

Signature

Comment / Complaint Resulted from:

____ Officer Contact
____ Investigation
____ Arrest
____ Crime Victim
____ Traffic Contact
____ Radio Call
____ Other* (be specific)