New Badge.jpgRenton Police Department

**Citizen Feedback Form**

|  |
| --- |
| Date/Time |
| Name | | | | | Phone |
| Address | | City | State | Zip | Email |

**If known, please provide the information below (Additional officers can be listed in your narrative)**

|  |  |  |
| --- | --- | --- |
| Officer's Name | Officer's ID  Number: | Officer Badge  Number: |
| Type of incident: | Location of incident: | |
| Date of incident: | Time of incident: | |

**DESCRIBE THE INCIDENT**

**NOTICE OF COMPLAINT**

If this is a complaint, it will be reviewed and a final disposition made. A representative of the Police Department will notify you of the final disposition of your complaint within a period of 30 days from the date shown below. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , affirm that the information provided by me is true and complete to the best of my knowledge. I understand that any false, misleading or untrue statements made by me, either orally or in writing, to any person(s) investigating this complaint may subject me to civil and/or criminal prosecution. I realize that it may become necessary for me to meet with member(s) of the Renton Police Department to discuss this complaint, either in the presence or absence of the accused Department member at the discretion of the Department. I accept the premise 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 agree to make myself available to any court or administrative hearing when requested to do so.

SIGNED /DATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of Renton, Washington, and County of King.

Signature of employee accepting complaint Date

Please mail or deliver this form to:

Renton Police Department

Attn: Deputy Chief

1055 S Grady Way

Renton WA 98057

**Additional incident description:**