

# GRANDVIEW 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: \_\_\_\_\_

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## 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 KNOWINGLY MAKING A MATERIALLY FALSE OR UNTRUE STATEMENT DURING THE COURSE OF THIS COMPLAINT PROCEDURE 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

# COMPLAINT FORM

CASE # (if known) \_\_\_\_\_

EMPLOYEE'S NAME(S): \_\_\_\_\_

Person(s) complaint is against \_\_\_\_\_

\_\_\_\_\_

## COMPLAINANT:

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE (H): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER (OPTIONAL): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

## WITNESSES/OTHER COMPLAINANTS (PLEASE IDENTIFY)(USE REVERSE SIDE 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 (TOPIC OF COMPLAINT)

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