	BELL	EVUE POLI	CE DEPARTMENT			
	CITIZI	ENS COI	MPLAINT FORM			
NAME: LAST, FIRST, MIDDI	_E			DA	DATE	
HOME ADDRESS				PHONE		
WORK: COMPANY NAME /	ADDRESS				PHONE	
DATE OCCURRED	LOCATION	CATION OCCURRED				
Officers Involved						
OFFICER NAME		BADGE NO.	OFFICER NAME		BADGE NO.	
OFFICER NAME		BADGE NO.	OFFICER NAME		BADGE NO.	
Witnesses if knowr	1	'				
NAME		ADDRESS		PH	IONE	
NAME		ADDRESS		PH	PHONE	
NAME		ADDRESS		PH	PHONE	
Summary of compla	aint (Attach a	dditional she	ets as necessary)	L		
Summary of any Inj	uries					
members of the Depart concern, the Police D knowingly files a false untruthful statements de	ment. Because epartment ma e statement of uring the filing wingly false a	se the profestintains a poof misconduction of the complating manager in the complations of the pations of the professions of the profession of the professions of the profession of the prof	ates complaints of misconduct ssionalism and reputation of its licy of criminally prosecuting against a department mem aint and during the complaint in ay also be subjected to civil leagnet	s officers any indi ber, or v nvestigation	are of high vidual who who makes on process.	

Complainant's Signature: ________ASD-CCF REV 10/04