



**City of Bainbridge Island • Department of Public Safety**

8804 Madison Avenue N, STE 100 • Bainbridge Island • WA • 98110

206-842-5211 • [www.bainbridgewa.gov](http://www.bainbridgewa.gov)



## COMPLAINT FORM

- Complainants are not required to use this form, nor are they required to sign it.
- It is not necessary for complainants to provide their name or contact information, but it may hinder us from conducting a complete investigation or reduce our ability to provide follow-up regarding complaint disposition.
- All complaints are documented, reviewed by the chief of police, and investigated to the fullest extent possible.
- The chief of police reserves the right to give a complaint an incomplete or insufficient disposition based on incomplete, false, or purposefully misleading information.

Today's Date: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approximate Time \_\_\_\_\_ AM PM

Officer or Employee Involved (if known): \_\_\_\_\_

Provide as much detail as possible about the incident that prompted this complaint. Continue on the reverse if necessary and submit additional pages if desired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are additional pages attached?  Yes  No If yes, how many pages in addition to this form? \_\_\_\_

Name of Person Filling out This Form (if Different than Reporting Party):

(Please Print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Consider making a copy of this complaint for your records. Direct the original to the Chief of Police at the address above or email [policechief@bainbridgewa.gov](mailto:policechief@bainbridgewa.gov). You will be contacted to verify that we have received it.

**Office Use Only**

Date Received at BIPD: \_\_\_\_\_ By: \_\_\_\_\_ Control Number: \_\_\_\_\_