



UNIVERSITY OF WASHINGTON POLICE DEPARTMENT



Commendation/Complaint Form

<input type="checkbox"/> Commendation/Recognition	<input type="checkbox"/> Citizen Concern/Complaint	<input type="checkbox"/> Internal Concern/Complaint
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INCIDENT INFORMATION			
Date:		Time:	
UWPD Incident/Case #:			
Location:			

CITIZEN CONTACT INFORMATION			
Name:			
Address:			
City:		State:	
Zip:			
Phone:		Email:	
Date of Submission:			

UWPD PERSONNEL INVOLVED			
Name:		ID#	
Name:		ID#	
<i>Please list additional personnel on Page 2</i>			

WITNESSES			
Name:			
Address:			
City:		State:	
Zip:			
Phone:		Email:	
<i>Please list additional witness information on Page 2</i>			

COMMENDABLE ACTION/ALLEGATION
Enter text or attach a handwritten citizen concern, comment, or commendation.

RECEIVED BY UWPD	
Name:	
Date Received:	

(Note: Submit form to the Deputy Chief of OPACS)



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Commendation/Complaint Form

CITIZEN COMMENDATION/COMPLAINT NARRATIVE

Enter text or attach a handwritten citizen concern, comment, or commendation.

Signature

Date