

WEST LINN POLICE COMMENT FORM

MAIL OR DELIVER COMPLETED FORM TO:

West Linn Police, 1800 8th Avenue, West Linn, OR 97068,
fax to 503-656-0319, or email to wlpdrecords@westlinnoregon.gov

Office Use Only:

Received by: _____

Received date: _____

I want to file a: Complaint Commendation

Information about you:

Last: _____ First: _____ Initial: _____

Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email: _____

Date of Birth: ____/____/____ Sex: Male Female Race: _____

Street: _____

City: _____ State: _____ Zip Code: _____

How were you involved in the incident? It happened to me I witnessed it I heard about it

Are you represented by an attorney regarding this matter? Yes No

Attorney's Name: _____ Phone: (____) _____

Information about the incident:

Date: ____/____/____ Time: _____ AM/PM Incident/Case Number: _____

Address/Location: _____

Information about the West Linn Police officer(s) or employee(s) involved:

Name: _____ Name: _____

Additional Officer Information: _____

If there were witnesses, please tell us about them:

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Briefly summarize what happened (you may attach additional pages or documents if needed):

Signature: _____

Dated: _____

******Department Use Only******

Complaint # _____ Citizen Inquiry # _____

Command Review: _____ Received Date/Time: _____

Assigned Supervisor: _____ Received Date/Time: _____

Is there an associated Incident/Case No.? No Yes # _____

Alleged Violations: _____

Reporting party notified via: Phone Email In person

Notified by: _____ Date: _____

Logged By: _____ Date: _____