



Bellingham Police Department
Complaint Form



How Received: <input type="checkbox"/> Mailed In <input type="checkbox"/> On-Line <input type="checkbox"/> In Person	
Received by:	Date/Time
Reporting Party Information	
Name:	
Home Address:	Home Phone:
Work Address:	Work Phone: Cell Phone:
Employee's Name:	Badge #:
Date and Time of Incident:	
Location of Incident	
Nature and Details of Complaint:	
Complainant : <input type="checkbox"/> Wants F/U Contact <input type="checkbox"/> Does not want F/U Contact	

I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true.

Complainant's Signature

Signature of person taking report

Disposition: <input type="checkbox"/> Sustained <input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/> Not Sustained
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