



# City of Port Orchard

Port Orchard Police Department

## Citizen Complaint/ Inquiry

Nature of Complaint/Inquiry: \_\_\_\_\_

Case Report #: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Time occurred: \_\_\_\_\_

Officer(s) involved: \_\_\_\_\_

Place of occurrence: \_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

(Please include address, phone number)

Summary of complaint/inquiry (attach additional pages as needed)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Name: (print) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**546 Bay Street, Port Orchard Washington 98366**  
**Phone 360-876-1700/ Fax 360-876-5546**  
**Police @cityofportorchard.us**



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