



ASOTIN COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM

Citizen Information

Name: _____	
Address: _____ _____	
Telephone Numbers: _____	_____
Home	work

Complaint Information

Date: _____ Location: _____

Name or description of the person(s) against whom complaint is lodged:

Nature of Complaint: *(if additional space is needed please use back of form or attachments)*

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and any accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085)

Signature: _____ Date: _____

Employee Receiving Complaint: _____ Date: _____