



LAKEWOOD POLICE DEPARTMENT

Professional Standards Section

6000 Main St SW * Lakewood, WA * 98499 * (253) 830-5000

Citizen Report of Commendation, Inquiry, or Complaint

I wish to report a (please check one):

- Commendation (“Good Job by Officer...”)
- Inquiry (“Why did the officer do...?”)
- Complaint (“I was dissatisfied with...”)

INFORMATION ABOUT REPORTING PERSON

Last Name: _____ First Name: _____ Middle: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Msg. Phone: _____

Email Address: _____

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ AM? or PM?

Officers / Employees Involved (names or identifiers): _____

STATEMENT / DESCRIPTION OF EVENT

Please describe the event in detail (you may use additional sheets or attach a separate written statement):



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WITNESSES / OTHERS INVOLVED

(Use additional sheets if necessary)

Last Name: _____ First Name: _____ Middle: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Msg. Phone: _____

Involvement: _____

Last Name: _____ First Name: _____ Middle: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Msg. Phone: _____

Involvement: _____

DESIRED OUTCOME

Please specify what outcome you are seeking:

ACKNOWLEDGEMENT OF PERSON REPORTING

The mission of the Lakewood Police Department – Professional Standards Section is to ensure professional and accountable police services for the citizens of Lakewood. Honest feedback is essential to maintaining a police department that is both trustworthy and responsive to the citizens it serves. Therefore, it is critical that truthfulness be maintained in the filing and investigation of citizen Reports of commendation or complaint. My signature is requested below as an affirmation of my commitment to truthfulness in this process. I understand that I may be charged with a violation of RCW 9A.76.175 “Making a False or Misleading Statement to a Public Servant” if filing a false report.

I understand the above statement and declare this is a true and correct report.

Print Name: _____

Signature: _____ Date: _____

POLICE DEPARTMENT USE ONLY

Report received by: _____ Date & Time: _____

PSS USE ONLY

Received in PSS by: _____ Date & Time: _____

PSS Control Number Assigned : _____ Assigned to PSS Assigned to Chain of Command Entered AIM for Tracking

Complete Both Sides