



Bonney Lake Police Department
COMPLAINT FORM

Name: _____ Date: _____

Address: _____

Phone Number: (____) _____ Case/Citation Number: _____

Description of Incident (use the back if necessary):

Printed Name: _____

Signature: _____ Date: _____

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.
(RCW 9A.72.085)

BONNEY LAKE POLICE DEPARTMENT USE ONLY

Complaint Number: _____

Date Received: _____ Person Receiving Report: _____

Referred to: _____ Disposition: _____

LT/AC Review: _____ Chief Review: _____

BONNEY LAKE POLICE DEPARTMENT

Our Core Value is Truth-VERITAS...Vigilance, Excellence, Respect, Integrity, Teamwork, Accountability, Service

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