



Canby Police Department Complaint and Commendation Form

<i>Office Use Only</i>
Rcvd. By: _____
Date Rcvd: _____
Assigned to: _____

I want to file a: Complaint Commendation

Today's Date/Time: _____

Are you filing on behalf of someone else? Yes No

His / Her Name: _____ Phone #: _____

Are you represented by an attorney regarding this matter? Yes No

If yes, Attorney's Name _____ Phone #: _____

Information about you:

Last Name: _____ First: _____ MI: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Date of Birth: ____ / ____ / ____ Sex: Male Female Race: _____

Information about the incident: Date: ____ / ____ / ____ Time: _____ AM PM

Address / Location: _____

Information about the Canby Police Department officer(s) or Department employee(s) involved:

Name: _____ Badge Number: _____

Name: _____ Badge Number: _____

Information about a witness:

Name: _____ Phone: (____) _____

Address: _____

Briefly summarize what happened (attach additional pages or documents if needed): _____

Form may be dropped off, mailed or faxed to: 1175 NW 3rd Ave. Canby, OR 97013 Fax (503) 266-9316

QUESTIONS: Call Police Dept. Office (503) 266-1104