



# Canby Police Department Complaint and Commendation Form

<i>Office Use Only:</i>
CPD #:
Received by:
Date:
Assigned to:

I want to file a:  Complaint  Commendation

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

His/Her Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

### Information about you:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Home: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 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):**

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