MOSES LAKE POLICE DEPARTMENT

COMPLAINT/COMPLIMENT FORM

OFFICER AND/OR EMPLOYEE NAME(S):

_____

DATE, TIME, LOCATION, TYPE OF INCIDENT, OR CASE NUMBER:

_____

OPTIONAL:

_____

Last First Middle DOB

_____

Address Phone

PLEASE CHOOSE HOW YOU WOULD LIKE TO BE CONTACTED IN REGARDS TO THIS:

☐ **PHONE CALL REQUESTED** ☐ **NO CONTACT NEEDED**

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Signed Dated

411 SOUTH BALSAM ST ■ POST OFFICE DRAWER 1579 ■ MOSES LAKE, WA 98837-0244 ■ (509) 764-3887