



# City of Asotin

[www.cityofasotin.org](http://www.cityofasotin.org)

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## City of Asotin COMPLAINT FORM

TAP# \_\_\_\_\_

Date: \_\_\_\_\_

### **Complainant:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last, First Middle

Physical Address: \_\_\_\_\_

Number Street City State Zip

Mailing Address: \_\_\_\_\_

Number Street City State Zip

Telephone: \_\_\_\_\_

Home Area Code Number Business Area Code Number

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### **Offender/location of Offense (If Known):**

Name: \_\_\_\_\_

Last, First Middle

Address: \_\_\_\_\_

Number Street City State Zip

Telephone: \_\_\_\_\_

Home Area Code Number Business Area Code Number

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### **Details Of Complaint: (Include specific events or incident details violated) (Continue on reverse side if needed) (If pictures were taken please attach to this form):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of Washington that the foregoing information is true and correct to the best of my knowledge and belief.*

Signed in Asotin County, or \_\_\_\_\_, Washington on \_\_\_\_\_

**City/County**

**Date**

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

### **Employee Use Only**

Disposition:  *Founded*  *Unfounded*

Resolution: \_\_\_\_\_

City Hall Communication Date: \_\_\_\_\_ Method: \_\_\_\_\_

City Attorney Communication Date: \_\_\_\_\_ Method: \_\_\_\_\_

Police Officer Date: \_\_\_\_\_ Method: \_\_\_\_\_

Check Back Date: \_\_\_\_\_