



City of Bainbridge Island • Department of Public Safety

625 Winslow Way East • Bainbridge Island • WA • 98110

206-842-5211 • www.bainbridgewa.gov



COMPLAINT FORM

- Complainants are not required to use this form, nor are they required to sign it.
- It is not necessary for complainants to provide their name or contact information, but it may hinder us from conducting a complete investigation or reduce our ability to provide follow up regarding complaint disposition.
- All complaints are documented, reviewed by the Chief of Police, and investigated to the fullest extent possible.
- The Chief of Police reserves the right to give a complaint an incomplete or insufficient disposition based on incomplete, false, or purposefully misleading information.

Today's Date: _____

Complainant Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Incident: _____ Approximate Time _____ AM PM

Officer or Employee Involved (if known): _____

Provide as much detail as possible about the incident that prompted this complaint. Continue on the reverse if necessary and submit additional pages if desired:

Are additional pages attached? Yes No If yes, how many pages in addition to this form?

Name of Person Filling out This Form (if Different than Reporting Party):

(Please Print) _____ Phone Number: _____

Consider making a copy of this complaint for your records. Direct the original to the Chief of Police at the address above or email policechief@bainbridgewa.gov. You will be contacted to verify that we have received it.

Office Use Only

Date Received at BIPD: _____ By: _____ Control Number: _____