



City of Asotin

www.cityofasotin.org

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121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

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

=====

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

=====

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: _____