Rathdrum Police Department

Chief Kevin J. Fuhr

PERSONNEL COMPLAINT FORM

REFERENCE CASE: #_____

COMPLAINANT'S FULL NAME | SEX | AGE | PHONE NUMBER

RESIDENCE ADDRESS/ZIP CODE

LOCATION OF EVENT | DATE AND TIME OF EVENT

EMPLOYEE INVOLVED (1) | EMPLOYEE INVOLVED (2)

WITNESS | ADDRESS/ZIP CODE | PHONE

WITNESS | ADDRESS/ZIP CODE | PHONE

SWORN STATEMENT

_____Continue on another page, if necessary).

I certify (or declare) under penalty of perjury under the laws of the State of Idaho that the foregoing is true and correct:

_____

SIGNATURE

8178 W Main St., Rathdrum, ID 83858 (208) 687-0711 Fax (208) 687-6959