

CITIZEN COMPLAINT INFORMATION

A relationship of trust and confidence between the Police Department and the community is essential to effective law enforcement officers; Federal, State and Municipal laws, governs us. In addition to these regulations, we are expected to comply with the provisions of our Policies and Procedures, Departmental directives and the Law Enforcement Code of Ethics.

The Citizen Complaint form should be filled out whenever an employee of the Union Gap Police Department has allegedly acted in an improper manner. This can include, but is not limited to, alleged illegal, unethical or unprofessional conduct.

Since we endeavor to provide professional law enforcement services to our community, our duties must be performed in a manner that will inspire the confidence and respect of the public. Therefore, when it is determined that a member has demonstrated misconduct or inappropriate behavior, corrective action will be taken.

Union Gap supervisors are encouraged to handle minor complaints in a manner that will provide a speedy resolution for the complainant while at the same time providing the necessary feedback and training to enhance the overall performance of Union Gap Police Department employees.

Substantiated allegations can lead to serious consequence including; verbal and/or written reprimands, suspension, and even termination of the employee. Complaints that are found to be false and /or malicious may result in criminal and/or civil liability on the part of the complainants.

All formal Citizen Complaints will be thoroughly investigated. You will be informed of the outcome of the investigation either in writing, in person or over the telephone. Dispositions are as follows:

Sustained: Investigation disclosed sufficient evidence that the act occurred and it constituted misconduct.

Not Sustained: Investigation disclosed insufficient evidence to sustain the complaint or fully exonerate the member.

Exonerated: Investigation disclosed that the alleged act occurred but that the act was justified, lawful and/or proper.

Unfounded: Investigation disclosed that the act did not occur or did not involve department members.



UNION GAP POLICE DEPARTMENT CITIZEN COMPLANT FORM

Please complete this form as completely as possible				
Complainants Name (last, First, MI)	Date of Birth	Home Phone		
Complainant Address City/State/Zip Code		Work/Message Phone		

Location: Where did the incident happened? Please be specific

Date of incident	Time of incident	Case Number/Citation (if known)

Police Department Employee's Name	Badge Number
Police Department Employee's Name	Badge Number
Police Department Employee's Name	Badge Number



Witness #1 Name (Last, First, MI)Phone NumberAddress City/State/Zip CodeWitness#2 Name (Last, First, MI)Phone NumberAddress City/State/Zip Code

Please describe the incident in detail

Do you have recommendations for solving the matter?



I certify/declare under penalty of perjury under the laws of the State of Washington (R.C.W Title 9A.72) that the foregoing statement is true and correct and that no threats, promises or inducements have been made to me regarding my statement.

Name (signature)	Date			
Name and Signature of Parent/Guardian (if complainant is under the age of 18)				

Date and Time received	Received by	Per. No.	Upon receipt of completed citizen
			complaint form, immediately
			route to the Administrative
			Lieutenant.