CITY OF MATTAWA
POLICE DEPARTMENT
Mayor ● Scott Hyndman Chief of Police ● Joe Harris

Mattawa Police Department

Official Complaint Form
Formulario oficial de quejas

Name of Complainant:
Nombre del querellante/declarante: _____

Phone
Numero: _____

Address:
Direccion: _____
_____
_____

Person named in complaint:
Nombre de la persona
Mencionada en la queja: _____

Type of complaint:
Tipo de queja:_____

Date of Incident:
Fecha del incidente: _____

Time of incident:
Horario del incidente: _____

Details of incident/complaint
Detalles del incidente o queja:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

● 521 Government Rd. - P.O. Box 965 Mattawa, WA 99349 ● police@cityofmattawa-wa.gov ● 509.932.4112

CITY OF MATTAWA
POLICE DEPARTMENT

Mayor ● Scott Hyndman Chief of Police ● Joe Harris

● 521 Government Rd. - P.O. Box 965 Mattawa, WA 99349 ● police@cityofmattawa-wa.gov ● 509.932.4112

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Additional witness information
Informacion adicional de testigo/a:_____
Phone number
Numero de telefono:_____

Additional witness information
Informacion adicional de testigo/a:_____
Phone number
Numero de telefono:_____

Additional witness information
Informacion adicional de testigo/a:_____
Phone number
Numero de telefono:_____

Signature of Complainant
Firma del querellante/declarante: _____

Date
Fecha:_____