



SUNRIVER POLICE DEPARTMENT

57475 ABBOT DRIVE • SUNRIVER, OR 97707 • (541) 593-1014 • FAX (541) 593-1870

Personnel Complaint Form

Date of Incident: _____ Month _____ Date _____ Year

Date of Report: _____ Month _____ Date _____ Year

Name of Officer/s: _____

Name: _____ Date of Birth: ____/____/____

Address: _____

Home Phone: (____)____-____ Work Phone: (____)____-____

Narrative:

Knowingly making a false sworn statement is a violation of law (ORS 162.075 False swearing (1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false. (2) False swearing is a Class A misdemeanor).

I swear that the statements made on or attached to this document are true and correct to the best of my knowledge.

Complainants Signature: _____ Date: ____/____/____