

# Grand Ronde Tribal Police

9615 Grand Ronde Rd. Grand Ronde, Oregon 97347

## Formal Complaint

Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone# : (\_\_\_\_) \_\_\_\_\_

Is this complaint: Racial  Non-Racial

Name of Officer/Police Department Staff involved: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Complainant Signature

Print Name

**\*\*Office Use Only \*\***