CITY OF HOOD RIVER
207 SECOND STREET
HOOD RIVER, OR 97031

POLICE DEPARTMENT
541-387-5256
FAX 541-387-2134

Citizen Report of Commendation, Inquiry, or Complaint

I wish to report a (please check one):

- ◉ ***Commendation ("Good Job by Officer…")***
- ○ ***Inquiry ("Why did the Officer do that…?")***
- ○ ***Complaint ("I was dissatisfied with …")***

INFORMATION ABOUT REPORTING PERSON

Last Name: **First Name:** **Middle:** **DOB:**

Address: **City:** **State:** **ZIP:**

Home Phone: **Work Phone:** **Msg Phone:**

Email Address:

INFORMATION ABOUT THE INCIDENT

Location of Incident:

Date of Incident: **Time of Incident:** PM

Officer/Employees involved (names or identifiers):

STATEMENT/DESCRIPTION OF EVENT

Please describe the event in detail (you may use additional sheets or attach a separate written statement):

WITNESSES/OTHERS INVOLVED

(Use additional sheets if necessary)

Last Name: **First Name:** **Middle:** **DOB:**

Address: **City:** **State:** **ZIP:**

Home Phone: **Work Phone:** **Msg Phone:**

Involvement:

Last Name: **First Name:** **Middle:** **DOB:**

Address: **City:** **State:** **ZIP:**

Home Phone: **Work Phone:** **Msg. Phone:**

Involvement:

DESIRED OUTCOME

Please specify what outcome you are seeking:

ACKNOWLEDGEMENT OF PERSON REPORTING

The mission of the Hood River Police Department is to ensure professional and accountable police services for the citizens of Hood River. Honest feedback is essential to maintaining a Police Department that is both trustworthy and responsive to the citizens it serves. Your signature is requested below as an affirmation of your commitment to truthfulness in this process. For the integrity of the investigation, please enclose completed form in a sealed envelope. Form may be submitted in-person, mail or email.

I _____, confirm the above statement is a true and correct report.

(Printed Name)

Signature: _____ Date: _____

Submit completed form to:

Hood River Police Department
207 2nd Street
Hood River OR 97031
d.cheli@cityofhoodriver.gov

or

Hood River City Hall
Attn: City Manager
211 2nd Street
Hood River OR 97031

POLICE DEPARTMENT USE ONLY

Report Received by: _____ **Date & Time: _____**

Reply to Reporting Party by: _____ **Date & Time: _____**