



Fairview Police Department Commendation or Complaint



Please mark the appropriate box:

Commendation

Informal Complaint*

Formal Complaint

*Informal complaints can be handled by speaking with a supervisor in person or via phone.

Incident & Citizen Information			
Today's Date:	Incident Date:	Incident Time:	
Incident Location:		Case No. (if known):	
Your name (First, Middle Initial, Last):			
Your address:			City:
State:	Zip:	Home Phone:	Cell Phone:
Your email address:			Your date of birth:
General nature of commendation, suggestion or complaint (Provide specific details on pg. 2):			
Name of Fairview employee you are commending, or have a complaint about:			
1.			
2.			

Witness Information			
Witness 1 Name:		Address:	
State:	Zip:	Phone:	
Witness 2 Name:		Address:	
State:	Zip:	Phone:	

Was someone arrested? Yes No

Was a Fairview officer involved? Yes No

Name (if arrested): _____

Officer Name (if involved): _____

Fairview Police Department 1300 NE Village St, Fairview OR 97024

503-674-6200

www.ci.fairview.or.us

