

BONNER COUNTY SHERIFF'S OFFICE

BCSO Control Number

To Be Completed by BCSO Staff

Date & Time Received

To Be Completed by BCSO Staff

Received By:

In Person | Fax | E-Mail | U.S. Mail

Other Specify:

Please provide as much information and detail as possible so we can address your concerns to the best of our ability.

Your Name – Last, First, Middle		Date of Birth	Age	Gender	Race/Ethnicity
Home Address				Home Telephone Number	
Work Address		Occupation		Work Telephone Number	
Other Means of Contacting You (cell phone, e-mail, friend)		General Nature of Incident			
Location of Incident (Where)					
Day of Week	Date of Incident	Time of Incident	Witnesses		
Deputies Involved (name, badge number if known)				Police Vehicle No./Description	
Physical Description of Deputy(s) (hair and eye color, height, sex, race/ethnicity, etc.)					
Were you arrested or issued a citation? If yes, please provide case # or citation #:					
Describe Injuries (If any)			Where Treated (name of hospital, doctor, etc.)		
Preferred Language of Communication (If other than English)					
Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including other deputies)					
Did you talk to a supervisor? If so, who? (Name)					

Your Name – Last, First, Middle	BCSO Control Number <i>To Be Completed by BCSO Staff</i>
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Attach Additional Pages if Necessary	Page	Of
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Certification – I understand that I will be re-contacted at the conclusion of a review of this incident. I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true.

Name **Date**