

# CITIZEN / POLICE COMMENT FORM

## EPHRATA POLICE DEPARTMENT

YOUR NAME		HOME TELEPHONE
HOME ADDRESS		
1. WITNESS	HOME ADDRESS	HOME TELEPHONE
2. WITNESS	HOME ADDRESS	HOME TELEPHONE
DATE AND TIME OF INCIDENT	LOCATION OF INCIDENT	
1. OFFICER OR DEPARTMENT PERSONNEL INVOLVED	2. OFFICER OR DEPARTMENT PERSONNEL INVOLVED	
<b>COMMENT OR COMPLAINT IN DETAIL</b>		
<b>Use additional sheets if necessary.</b>		
SIGNATURE	IPR No.: _____ Supervisor Assigned: _____	CR No.: _____

\* After completion, this form may be delivered to the Ephrata Police Department at 121 Alder St. SW, Ephrata, WA 98823  
or  
e-mailed to the Chief Joe Varick at [jvarick@ephrata.org](mailto:jvarick@ephrata.org)