

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