



DUVALL POLICE DEPARTMENT

FEEDBACK FORM

Form type (Select one): Compliment Complaint Questions Recommendation

The following is the true and correct statement of: _____
First M.I. Last

Address: _____ City: _____ State: ____ ZIP: _____

Phone: (____) _____ Email: _____

I want to tell you about: _____
Officer ID Number

Incident Location : _____ Incident Date: _____

Case number (if available): _____

Incident Description: _____

I certify, or declare, under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (9A.72.085)

Your Signature: _____ Date: _____

By checking the box you are fixing your signature and attesting under the penalty of perjury that the information contained in this form is true and accurate to the best of your knowledge and belief.