



Molalla Police Department

Chief of Police Chris Long

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Molalla, OR 97038

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OFFICER COMPLAINT

Your Name: _____ Date of Birth: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____ Email: _____

Date of incident: _____ Time of incident: _____ Day of week: _____

Location of incident: _____

Name, badge #, or description of officer(s) that is the subject of the complaint: _____

List all possible witnesses (names, phone numbers, contact info): _____

Describe the incident: _____

Date: _____ Time: _____ Received by: _____