



Orcas Island Fire & Rescue Citizen Complaint Form

Report of Complaint against Fire or EMS Personnel

Number _____ (office use only)

Name of Complainant: _____

Address: _____

Phone Number: Day: _____ Evening: _____

Date and Time of Incident: _____

Location of Incident: _____

Name(s) of employee against whom complaint is being alleged. If name(s) not known, identifying features such as gender, height, hair color, etc.:

Name(s), Address(s), Telephone numbers(s) or other identifying information concerning witness(s).

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Report of Complaint against Fire or EMS Personnel (cont.)

Statement of Complaint: _____

If further information is needed please attach additional sheet(s)

I understand that this statement of complaint will be submitted to Orcas Island Fire & Rescue and may be the basis for an investigation. Further, I sincerely and truly, declare and affirm, that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that under the Policies and guidelines of Orcas Island Fire & Rescue, the employee(s)/volunteer(s) against whom this complaint is filed may be entitled to request a hearing. By filing and signing this complaint, I hereby agree to appear before any hearing, if requested by the employee/volunteer and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date and Time Received

Please complete this form and submit to: Orcas Island Fire & Rescue, 45 Lavender Lane, Orcas, WA 98245 Tel: (360) 376-2331