Gresham Police Department
CITIZEN COMMENT FORM

You may either mail or deliver this form to:

Gresham Police Department
Attention: Chief Junginger
1333 NW Eastman Parkway
Gresham, Oregon 97030
Ph: 503-618-2318
Fax: 503-665-1639
GreshamOregon.gov/Police

Today's Date:

Full Name:

Address:

City / State

Zip Code:

Home Phone:

Cell Phone:

Do you wish for this information to remain confidential? ☐ Yes ☐ No

Date of Incident and/or action: Time of Incident:

Location where incident occurred:

Was there an arrest made? ☐ Yes ☐ No Name of Person Arrested:

Name of Witness #1: Phone:

Name of Witness #2: Phone:

Was a Gresham Police Officer involved? ☐ Yes ☐ No

Name of Officer: Badge #:

Name of Officer: Badge #:

Details of ☐ Commendation ☐ Comment ☐ Complaint :

(Use additional sheet of paper if necessary)

You may either mail or deliver this form to the address above.

I certify the above statement is true and accurate. Signature (required): _____