



CITY OF LAKE STEVENS

Lake Stevens Police Department

Jeffrey Beazizo, Chief of Police

1825 South Lake Stevens Road, Lake Stevens, Washington 98258

Phone: 425.622.9401 * Fax: 425.334.9842 * Web: www.lakestevenswa.gov/police

How to Initiate a Complaint

A relationship of trust and confidence between members of the police department and the community is essential to effective law enforcement. To preserve that relationship, public confidence must be maintained in the ability and willingness of the police department to investigate and properly adjudicate allegations of misconduct made against its employees.

Community members should feel free to lodge a complaint when they believe an employee of the Lake Stevens Police Department has acted in an improper manner. This can include, but is not limited to alleged illegal, unethical, or unprofessional conduct. Complaints made regarding Lake Stevens Police personnel will be reviewed by the Office of Professional Standards. The community member may make his/her complaint in either written or verbal format. Persons needing assistance due to a language barrier, or a disability may inquire for assistance from the department.

Verbal Complaint Process: Community members wanting to make their complaint in person and verbally will be provided an interview with an investigator as soon as it is practical. The complainant may call, email or request in person, contact with any supervisor to arrange an interview. This can be done during normal working hours by calling 425-622-9401 and asking for the duty police supervisor or Commander.

Written Complaint Process: Community members wanting to submit their complaint in writing may complete the attached written statement form. Written complaints may be completed on the form(s) attached to this letter or in any other form of written format if it is legible. Return completed community member complaint forms to the Lake Stevens Police Department. This can be done during normal working hours, or the form can be mailed to:

Lake Stevens Police Department
Attn: Office of Professional Standards
1825 South Lake Stevens, WA 98258

If your complaint is about the enforcement action taken by the officer, (e.g., the legality of a ticket, arrest, impound or seizure) these issues may be the purview of the court. I do not change an officer's enforcement decisions, provided the officer was acting in good faith and met the requirements of the law. A community member's complaint should include whenever possible, the identity of all persons involved in the alleged incident, including the officer(s), witnesses, etc. The complaint should also include the specific issue(s) of misconduct about which the complaint is being made and the date, time and location the alleged misconduct occurred. Your concerns will be investigated, and you will be informed in writing of the outcome of the investigation.

If you have any questions, please contact the Office of Professional Standards at 425-622-9401 or email LSPDOPS@lakestevenswa.gov.

Thank you,

Jeffrey G. Beazizo, Chief of Police



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LAKE STEVENS POLICE DEPARTMENT
Jeffrey Beazizo, Chief of Police**

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Phone: 425.622.9401 · **Fax:** 425.334.9842 · **Web:** www.lakestevenswa.gov/police

Name of Complainant:	
Address:	
Phone #:	Email:
Date and Time of Incident:	Location of Incident:
Police Officers/Employees at Incident (if known):	

BRIEFLY STATE THE NATURE OF THE ALLEGATIONS: INCLUDE ANY WITNESSES THAT OBSERVED THE INCIDENT
(use attached 2nd page if necessary)

I certify under penalty of perjury under the laws of the State of Washington that my statement is true and correct and may be used in a court of law.

Complainant Signature: _____ Date: _____ Time: _____
Location Signed: _____

RCVD BY:	DATE:	TIME:	UPON RECEIPT OF COMPLETED COMPLAINT FORM, IMMEDIATELY ROUTE ORIGINAL TO OPS		
OPS RCVD BY:		DATE:	TIME:	OPS NO:	

Complainant Name: _____
Page ____ **of** ____
Statement continued: _____

I certify under penalty of perjury under the laws of the State of Washington that my statement is true and correct and may be used in a court of law

Complainant Signature: _____ Date: _____ Time: _____
Location Signed: _____

RCVD BY: DATE: TIME: UPON RECEIPT OF COMPLETED COMPLAINT FORM, IMMEDIATELY ROUTE ORIGINAL TO OPR

OPS
OPS RCV'D BY: DATE: TIME: OPS NO: