

LAKE OSWEGO POLICE DEPARTMENT

Personnel Action Report

COMMENDATION

Date and Time _____

FORMAL COMPLAINT

Reported to:

Rank Name

Reported by:

Name

Address

City, State, Zip Code

Incident:

Date/Time

Location

NARRATIVE:



NOTICE

162.075 FALSE SWEARING

(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false.

(2) False swearing is a class A Misdemeanor.

Signature _____

STATE OF OREGON

County of Clackamas

Signed and sworn to before me on _____, 20__ by _____
Name of Reported

Notary Public for Oregon

Captain Reviewed Commendation: _____
Signature/Date
Employee Received Commendation: _____
Signature/Date

Complainant Notified of Results by: _____
Name/Date