

King County Sheriff's Office Complaint Report

Please type or print clearly.

1. Information About the Person Making the Complaint Report (We need this information so that we can contact you about your complaint.)				
NAME OF PERSON MAKING COMPLAINT ("Complainant	(") COMPLAINANT DATE OF BIRTH			
COMPLAINANT'S MAILING ADDRESS (CITY, STATE, ZIF	P CODE)			
COMPLAINANT'S CONTACT NUMBER(S) Home: Cell: Work:	COMPLAINANT'S EMAIL ADDRESS OR BEST METHOD TO CONTACT (if applicable)			
2. Information About the Incident (We need this information so that we can begin to				
LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEA	SE BE SPECIFIC.			
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCIDENT TOOK PLACE:			
NAME AND/OR DESCRIPTION OF THE INVOLVED EMPL	OYEE(S):			
SUMMARY OF WHAT HAPPENED (include details about information):	any injuries, available evidence, and/or any other pertinent			



King County Sheriff's Office Complaint Report

SUMMARY OF WHAT HAPPENED (continued): (Note: Limited space provided)				
]				
ОТ	HER PEOPLE WHO WITNESSE	D THE INCIDENT (LIST ADDITIONAL WITNESSES	ON BACK OR ON ANOTHER SHEET)	
NA	ME	ADDRESS	PHONE	
NA	ME	ADDRESS	PHONE	
NA	ME	ADDRESS	PHONE	
3.	Do you need an interpre	eter? Yes No If yes, what la	inguage?	
4.	Today's Date:			
→.	Today 5 Date.			
5. Email this form to:		iiu.sheriff@kingcounty.gov		
	(NOTE: This e-mail address is for t	illing of complaints regarding allegations of misconduct by Sh	neriff's Office employees only.)	
If you do not have access to email, you can deliver this form to: King County SI			unty Sheriff's Office, Internal	
		Avenue, Room W116, Seattle, WA 98104.	any chomic omoc, internal	

This translation project is being supported, in whole or in part, by federal award number SLFRP0152 awarded to King County, Washington by the U.S. Department of the Treasury.