



King County

Office of Law Enforcement Oversight

206-263-8870 / TTY Relay: 711

oleo@kingcounty.gov / www.kingcountv.gov/oleo

Complaint Form

The Office of Law Enforcement Oversight (OLEO) monitors the King County Sheriff's Office (KCSO). OLEO accepts complaints from all people including third-parties, undocumented residents, juveniles, and individuals who wish to remain anonymous. Please keep in mind, however, that anonymity prevents follow up with you about your complaint and could affect the complaint's outcome.

Email a completed form to oleo@kingcounty.gov. Forms are available at www.kingcounty.gov/oleo. You are not required to complete every box below.

1. About the Person Making the Complaint *If wishing to remain anonymous, do not complete this section.*

YOUR NAME	
ADDRESS (Street, City, State, Zip Code)	
HOME PHONE	CELL PHONE
EMAIL ADDRESS	PREFERRED CONTACT (MAIL, PHONE, or EMAIL)

2. About the KCSO Employee(s) *Provide as much information as you can to identify the employee(s). If more than two employees were involved, please identify the additional employee(s) on the last page of this form.*

NAME	SEX	RACE	HAIR COLOR	EYE	AGE
BADGE #	RANK	WEIGHT	OTHER DESCRIPTION		

NAME	SEX	RACE	HAIR COLOR	EYE COLOR	AGE
BADGE #	RANK	WEIGHT	OTHER DESCRIPTION		

(over)

3. About Witnesses Provide as much information as possible about others who witnessed the event. If more than three witnesses were involved, please identify the additional witness(es) on the last page of this form.

WITNESS NAME(S)	WITNESS CONTACT INFORMATION

4. Evidence

DOES WRITTEN, AUDIO, VIDEO, PHOTO OR OTHER EVIDENCE RELATED TO THE EVENT EXIST? PLEASE EXPLAIN.

5. About the Incident (space is provided on the last page to describe your complaint)

DATE OF INCIDENT	TIME OF INCIDENT	INCIDENT# (IF APPLICABLE)
WERE YOU INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, BOOKING # _____	

6. How did you hear about the Office on Law Enforcement Oversight? Referral Website Other: _____

7. Did you file a complaint with the King County Sheriff’s Office Internal Investigations Unit? Yes No

If not, why not? _____

8. Personal Information: Age _____ Sex _____ Race/Ethnicity _____

Signature: _____

Printed Name: _____ Date: _____

Name OLEO Representative if this complaint was written on behalf of the complainant: _____

How was this complaint received by OLEO? E-Mail in person Telephone Mail Fax

IN THE SPACE PROVIDED ON THE NEXT PAGE, PLEASE DESCRIBE WHAT HAPPENED.

PLEASE DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED.