



# 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, ZIP 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 investigate your complaint.)*

LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEASE BE SPECIFIC.	
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCIDENT TOOK PLACE:
NAME AND/OR DESCRIPTION OF THE INVOLVED EMPLOYEE(S):	
SUMMARY OF WHAT HAPPENED (include details about any injuries, available evidence, and/or any other pertinent information):	



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SUMMARY OF WHAT HAPPENED (*continued*): (Note: Limited to space provided)

**OTHER PEOPLE WHO WITNESSED THE INCIDENT (LIST ADDITIONAL WITNESSES ON BACK OR ON ANOTHER SHEET)**

NAME	ADDRESS	PHONE

3. Do you need an interpreter?    Yes    No    If yes, what language?

4. Today's Date:

5. Mail or deliver this form to:    King County Sheriff's Office  
Internal Investigations Unit  
516 3rd Avenue, Room W116  
Seattle, WA 98104

Or email to:                            [iiu.sheriff@kingcounty.gov](mailto:iiu.sheriff@kingcounty.gov)

(NOTE: This e-mail address is for filing of complaints regarding allegations of misconduct by Sheriff's Office employees only.)

TO BE COMPLETED BY A SUPERVISOR AND/OR IIU	
Report #:	Assigned to Investigator: