

Office of Law Enforcement Oversight

401 Fifth Avenue, Room 131, Seattle, WA 98104-1818 206-263-8870 / Fax: 206-296-1675 / TTY Relay: 711 oleo@kingcounty.gov / www.kingcountv.gov/oleo

COMPLAINT FORM

The information you provide on this form documents alleged misconduct by an employee of the King County Sheriff's Office (KCSO). You are not required to complete every box. The King County Office of Law Enforcement Oversight (OLEO) accepts complaints from all people including third-parties, undocumented residents, juveniles, and individuals who wish to remain anonymous. However, keep in mind that anonymity prevents follow up with you about your complaint and could affect the complaints outcome.

Mail the completed form oleo@kingcounty.gov.						
☐ I have read the inform	mation above and wish	to file this co	mplaint anonym	ously.		
	Filing the Complain					
(DO NOT FILL OUT THIS	SECTION IF YOU ARE FIL	ING ANONO	MOUSLY)			
NAME						
ADDRESS (Street, City,	, State, Zip Code)					
PHONE		E-MAIL A	E-MAIL ADDRESS			
PREFERRED CONTACT:	EMAIL, PHONE, or MAII	 L (Please list i	n order of your	preference)		
About the KCSO E Please provide as much		to identify th	e employee(s).			
NAME	SEX	RACE	HAIR	EYE COLOR	APPROX. AGE	
PRECINCT #	RANK	OTHER DE	OTHER DESCRIPTION			
NAME	SEX	RACE	HAIR	EYE COLOR	APPROX. AGE	
PRECINCT #	RANK	OTHER DE	SCRIPTION			

About the Witness(es)

Please provide as much information as possible about all other individuals who witnessed the event.

WITNESS NAME(S)	WITN	IESS CONTACT IN	NFORMATION (Phone & E-mail if possible)
F • 1			
Evidence Do you or any witness have any w	ritten, audio, video, ph	noto, or other e	vidence related to the event?
	, , , , , , , , , , , , , , , , , , ,	,	
☐ Yes ☐ No			
Please explain and include name(s	s) of person(s) who ma	v have evidenc	e:
(a	<u>, , , , , , , , , , , , , , , , , , , </u>	,	<u>. </u>
Ah aut tha lustdant			
About the Incident DATE	TIME		INCIDENT# (IF APPLICABLE)
DATE			INCIDENT# (II ALL EICABLE)
LOCATION			
WERE YOU INJURED?	WERE YOU ARRESTED)?	
□YES □NO	□YES □NO IF SO, BOOKING #		

Using the space below, please describe the incident and what took place (space is provided):			

1. How did you hear about the	he Office on Law Enforcement Oversight?
□ Referral□ Website□ Other (Please explain)	
2. Did you file a complaint w Unit?	rith the King County Sheriff's Office Internal Investigations
☐ Yes☐ No (Please explain)	
Your Personal Information	
	uring all people of King County receive fair and just policing service. ry, and will assist in achieving this goal.
1. Age	
☐ 35/Under☐ 36-59☐ 60+	
2. Gender/Orientation (Check	k all that apply)
☐ Female☐ Male☐ Non-Cis☐ Transgendered☐ LGBQ	
3. Race/Ethnicity (Check all the	hat apply)
 ☐ Asian/Pacific Islander ☐ African American ☐ African American (New Arrival) ☐ Native American ☐ Latinx 	□ White□ Immigrant□ Refugee□ Non-Citizen

General Questions

Alternative Dispute Resolution (ADR)

OLEO collaborates with KCSO to offer an Alternative Dispute Resolution (ADR) program to resolve disagreements by talking through an issue with a neutral third party facilitating the discussion. It is an alternative to the traditional complaint and disciplinary process that must be entered voluntarily by both parties and allows the parties to resolve complaints themselves, rather than depend on the judgment of others.

Are you interested in participating in King County's Alternative Dispute Resolution (ADR) Program?				
□ Yes □ No				
Signature				
Signature:	Date:			
Printed Name:				
Name of 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				