



## King County

### Office of Law Enforcement Oversight

710 Second Avenue, Suite 790, Seattle, WA 98104

206-263-8870 / TTY Relay: 711

[oleo@kingcounty.gov](mailto:oleo@kingcounty.gov) / [www.kingcountv.gov/oleo](http://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. 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. **An online form is available at [www.kingcounty.gov/oleo](http://www.kingcounty.gov/oleo)**

**Return a completed form by mail or email:** 710 Second Avenue, Suite 790, Seattle, WA 98104

[oleo@kingcounty.gov](mailto:oleo@kingcounty.gov).

### 1. About the Person Making the Complaint

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).*

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.

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.