



King County

Office of Law Enforcement Oversight

810 Third Avenue, Suite 705, Seattle, WA 98104

206-263-8870 / 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. 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 to 810 Third Avenue, Box 26, Seattle, WA 98104 or email to oleo@kingcounty.gov. An online form is available at www.kingcounty.gov/oleo.

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.