

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 ("Complainan	t") Co	OMPLAINANT DATE OF BIRTH			
COMPLAINANT'S MAILING ADDRESS (CITY, STATE, ZII	CODE)				
COMPLAINANT'S CONTACT NUMBER(S) Home: Cell: Work:	COMPLAINANT'S EN CONTACT (if applica	IAIL ADDRESS OR BEST METHOD TO ble)			
2. Information About the Incident (We need this information so that we can begin to	-	laint.)			
LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEA	SE BE SPECIFIC.				
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCI	DENT TOOK PLACE:			
NAME AND/OR DESCRIPTION OF THE INVOLVED EMPL	OYEE(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 space provided)					
ОТ	HED DEOD! E WHO WITNESSE!	THE INCIDENT /I IST ADDITIONAL WITNESSE	S ON BACK OR ON ANOTHER SHEET!		
NAME		D THE INCIDENT (LIST ADDITIONAL WITNESSE ADDRESS	PHONE		
NAME		ADDRESS	PHONE		
NAI	ME	ADDRESS	PHONE		
3.	3. Do you need an interpreter? Yes No If yes, what language?				
4.	4. Today's Date:				
5.	Email this form to:	iiu.sheriff@kingcounty.gov			
	(NOTE: This e-mail address is for fa	iling of complaints regarding allegations of misconduct by	Sheriff's Office employees only.)		
	If you do not have access to email, you can deliver this form to:				
King County Sheriff's Office					

Internal Investigations Unit 516 3rd Avenue, Room W150

Seattle, WA 98104