



Complaint Form

Free Interpretation Access Available

Use this form to file a complaint against a Seattle Police Department officer or employee. This form may be filed in-person, mailed to the OPA address below, emailed to opa@seattle.gov, or faxed to (206) 233-7907. For questions, call (206) 684-8797.

Your Information

To submit a complaint anonymously, omit any self-identifying information on this form.

First name	Middle initial	Last name
Street address:		
City:	State:	Zip:
Home phone:	Work phone:	
Email:		

Pursuant to SMC 3.28.825, the OPA Director is required to report the racial, ethnic, and gender distributions of OPA complainants. It is voluntary, but helpful to know the following information:

Racial/Ethnic Background

- Asian
- Black/African American
- Hispanic/Latino
- Native American
- Pacific Islander
- White/Caucasian
- 2 or more
- Prefer not to say
- Other

Gender

- Female
- Male
- Transgender Woman
- Transgender Man
- Non-binary
- Prefer not to say
- Other

Preferred Pronouns

- She/her
- He/him
- They/them
- Prefer not to say
- Other (please list):

Do you have legal representation specific to this complaint? No Yes

Are you in need of any reasonable accommodations? No Yes (please list):

Information About the Incident

Location: _____

Incident date (MM/DD/YY): _____ Incident time (am/pm): _____

Name of SPD officer/employee (if known): _____

Name of witness(es) or others involved: _____

Witness phone: _____

