



City of Seattle

Office of Inspector General

700 5th Avenue, Suite 1628/PO Box 94764, Seattle WA 98124 | oig@seattle.gov | 206-684-3663

Free Interpretation Access Available

USE THIS FORM TO FILE A COMPLAINT AGAINST A STAFF MEMBER OR SWORN OFFICER WORKING IN THE OFFICE OF POLICE ACCOUNTABILITY (OPA)

Disclaimer: The City of Seattle is subject to Washington statutes relating to public records. OIG is responsible for responding to public disclosure requests. Please assume that data provided on this form is subject to release upon request, unless specifically exempted under the Public Records Act RCW 42.56. To submit a complaint **anonymously**, leave out any identifying information on this form.

This form may be brought in-person or mailed to the OIG address above, or emailed to: oig@seattle.gov Any questions, call 206.684.3663.

Your Information:

Last Name, First Name Middle Initial: _____

Address, City, State, Zip: _____

Phone Numbers (include numbers you wish to be contacted at): _____

Email Address: _____

Mediation is a voluntary, confidential process facilitated by a Mediator who helps community members and officers talk and listen to each other. Mediation is an option should your complaint be related to a sworn officer working at OPA.

Would you be interested in mediation for this complaint? Yes No

Information about the Incident:

Location: _____

Incident Date (month/day/year): _____ Incident Time (AM/PM): _____

SPD Officer/Employee(s) (If known): _____

Name of Witness(es) or Others Involved: _____

Witness Phone: _____

Seattle Police Department Report/Incident Number if known or applicable: _____

Do you have or are you aware of any photographs or video relevant to this incident?

Video Photos No

Statement/Description of Incident:

(You may include additional sheets of paper to continue the description of the incident if needed.)

Please describe the incident and highlight what is important to you.
