

Complaint Form

Free Interpretation Access available | *Acceso gratuito a interpretación disponible* | *Helitaanka Tafsiirka Bilaashka Ah Ayaa La Heli Karaa* | *提供免费口译服务* | 提供免費口譯服務 | Có sẵn quyền truy cập thông dịch miễn phí

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 <u>opa@seattle.gov</u>, 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 Code:	
Home Phone:	Other Phone:		
Email:			

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

Racial/Ethnic Background		<u>Gender</u>	Preferred Pronouns
🗆 Asian	Prefer not to say	🗆 Female	□ She/her
🗆 Black/African American	□ Other	🗆 Male	🗆 He/him
□ Hispanic/Latino		Transgender Wor	man 🗆 They/them
Native American		Transgender Mar	n 🗌 Prefer not to say
Pacific Islander		Non-binary	\Box Other (please list):
□ White/Caucasian		Prefer not to say	
□ 2 or more		🗆 Other	
Do you have legal representation specific to this complaint? No Yes Do you need any reasonable accommodations? No Yes (please list): Information About the Incident			
Location:			
Incident date (MM/DD/YY):		Incident time (a	m/pm):
Name of SPD officer/employ	ee (if known):		
Name of witness(es) or other	s involved:		
Witness phone:			



Statement/Description of Incident

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

Do you have photographs or video relevant to this incident?

Video

Photo(s)
No

Please describe the incident:

Information entered on this form is subject to the Washington Public Records Act, and may be subject to disclosure to a third-party requestor. If you do not want your information disclosed, check "No" below, and OPA will protect your information to the extent allowed by law. Please note that a copy of your complaint file may be requested through the Seattle Police Department Public Disclosure Unit.

Do you want your name and contact information disclosed? See No

The Office of Police Accountability exists to ensure professional and accountable law enforcement for the citizens of Seattle. Honest feedback is essential to maintaining a police department that is both trustworthy and responsive to the community. Therefore, it is critical that truthfulness be maintained in the filing and investigation of complaints against the police.

□ (**Please check**) I hereby certify that the information in this complaint is true and correct to the best of my knowledge and belief.

Signature:

Date:

720 3rd Ave, 18th Floor, Seattle, WA 98104 | www.seattle.gov/opa