

Complaint Form



Free interpretation services are available.

Hay servicios de interpretación gratuitos disponibles.

Có sẵn dịch vụ phiên dịch miễn phí.

Adeegyo tarjumaad bilaash ah ayaa diyaar ah.

提供免费翻译服务

提供免費翻譯服務。

Use this form to file a complaint against a Seattle Police Department officer or an SPD employee. If you have questions, please call (206) 684-8797.

Ways to Submit this form:

1. You can turn in the form in person
2. Mail it to:
PO Box 34986
Seattle, WA 98124
3. Scan and email it to opa@seattle.gov
4. Fax it to (206) 233-7907

Your Information (Optional)

If you want to submit a complaint without giving your name, don't include any personal information in this form. If you choose to stay anonymous, please give as many details as you can to help us investigate.

First name

Middle Initial

Last name

Mailing Address

City

State

Zip Code

Main Phone Number

Email

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IMPORTANT: The information on this form is covered by the Washington Public Records Act RCW Chapter 42.56. This means someone could request to see it. If you do not want your identifying information shared, check “Do Not Disclose” below. OPA will keep it private as much as the law or contract allows. Please note that a copy of your complaint file might still be provided through the Office of Police Accountability’s Public Disclosure process

Do Not Disclose

Demographics

Seattle Municipal Code (SMC 3.28.825) requires OPA to report the race, ethnicity, and gender of people who file complaints. You do not have to share this information, but it is helpful if you do. We will never ask about your immigration status.

Racial/Ethnic Background

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> 2 or more |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pacific Islander | |

Gender

- | | |
|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Transgender Woman | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transgender Man | |

Preferred Pronouns

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

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Do you have legal representation (a lawyer) specific to this complaint?

Yes

No

If you said "yes," you do have a lawyer, please share their information below:



OPA is happy to offer a variety of accommodations and interpretation services. If you require accommodations, please share below.

Information About the Incident

Where it happened

The date it happened

Time of the incident (AM/PM)

Name of the SPD officer/employee (if known)

Name of witness(es) or others involved

Witness phone number or email address

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Your Statement/Description of What Happened

You can add more sheets of paper if you need more space to describe what happened.

Do you have photographs, videos, or other evidence relevant to this incident?

- Video Photo(s) Other Evidence No

Please Keep All Evidence and give OPA a copy:

1. Via email at opa@seattle.gov
2. In person

Please describe the incident:

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End of Statement

The Office of Police Accountability exists to make sure Seattle has professional and accountable law enforcement. Honest feedback helps keep the police department trustworthy and responsive to the community. That's why you must be truthful when filing a complaint against another person.

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

Signature

Today's Date