



City of Seattle

Office of Police Accountability

USE THIS FORM TO FILE A COMPLAINT AGAINST A SEATTLE POLICE DEPARTMENT OFFICER OR EMPLOYEE

To submit a complaint anonymously, omit any self-identifying information on this form. This form may be brought in-person or mailed to the OPA address below or emailed to opa@seattle.gov. Any questions, call 206-684-8797.

Your Information:

Last Name, First Name Middle Initial: _____

Address, City, State, Zip: _____

Phone Numbers (include numbers where you may be reached): _____

Email Address: _____

Are you in need of an interpreter or other accommodation? ☐ Yes ☐ No

If yes please explain: _____

As a public agency, all our records are subject to the WA Public Records Act, which requires all information to be disclosed when requested. 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 this may still involve revealing some of your information.

Do you want your name and contact information disclosed? ☐ Yes ☐ No

Mediation is an alternative to traditional complaint resolution. It is a voluntary, confidential process facilitated by a trained mediator who helps community members and officers talk and listen to each other.

Would you be interested in Mediation for this complaint? ☐ Yes ☐ No

Pursuant to SMC 3.28.825, the OPA Director is required to report the racial, ethnic, and gender distribution of persons who contact our office. It is voluntary but helpful to know the following information:

Gender

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-Binary |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transgender Male | <input type="checkbox"/> Decline |
| <input type="checkbox"/> Transgender Female | |

Racial/Ethnic Background

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> 2 or More |
| <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White | <input type="checkbox"/> Decline |

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 ☐ Photo ☐ No



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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

Please describe What would you like the resolution to be in this case?

The Office of Police Accountability is dedicated to providing independent and transparent accountability of the Seattle Police Department for members of the Seattle community. 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 Seattle Police Department.

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

Signature: _____