



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 _____		

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 _____

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 Photos No

Please enter a description of the incident
