



Date Received _____ By _____

Multnomah County Sheriff's Office Complaint Form

Instructions:

1. Fill out form. Please print or type legibly.
2. Submit/mail form to the Internal Affairs Office.

Name: _____ Date: _____ Date of birth: _____

Sex: _____ Home Phone: _____ Work phone: _____

Street address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Location or address where incident occurred: _____

Date of incident: _____ Time: _____ a.m. /p.m. Citation number if known: _____

Witness name: _____ Phone: _____ Witness's address: _____

Name of employee (s) involved: _____

Briefly describe what happened:

How would you like to see this complaint resolved?
