



"Excellence in Service"

Yamhill County Sheriff's Office

YCSO CONTROL NUMBER: _____

CITIZEN COMPLAINT FORM

INFORMATION ABOUT YOU		
<input type="checkbox"/> I am requesting my name, home address, and telephone number remain confidential pursuant to ORS 192.355 (4). *		
PERSON FILING COMPLAINT (LAST, FIRST, M.I.)		
GENDER:	DATE OF BIRTH:	ETHNICITY/RACE:
HOME ADDRESS (STREET, APARTMENT NUMBER)		CITY, STATE ZIP
ALTERNATE ADDRESS (STREET, APARTMENT NUMBER)		CITY, STATE ZIP
WORK ADDRESS (STREET, SUITE NUMBER)		CITY, STATE ZIP
OCCUPATION:		
HOME TELEPHONE (INCLUDE AREA CODE)	ALTERNATE TELEPHONE (INCLUDE AREA CODE)	EMAIL ADDRESS

INFORMATION ABOUT INCIDENT		
HOW WERE YOU INVOLVED IN THE INCIDENT? <input type="checkbox"/> It happened to me <input type="checkbox"/> I witnessed it <input type="checkbox"/> I heard about it		DATE OF INCIDENT:
LOCATION OF INCIDENT:		TIME OF INCIDENT:
PLEASE DESCRIBE ANY INJURIES SUFFERED:		
WERE PICTURES / VIDEO TAKEN OF THE INJURIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BY WHOM?
WHERE WERE THE INJURIES TREATED?		WHO TREATED THE INJURIES?
WERE YOU ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE CRIMINAL CHARGES PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	YCSO CASE NUMBER:

IS THE COMPLAINT ALLEGING RACIAL OR IDENTITY PROFILING? If so, please check all that apply.								
Race / Ethnicity	Nationality	Gender	Age	Religion	Gender Identity or Expression	Sexual Orientation	Mental Disability	Physical Disability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you request confidentiality, the Office will not disclose your personal identifying information to members of the public to the extent permitted under Oregon Public Law (ORS 192.311 to ORS 192.478). **PLEASE NOTE: Release of your identity to the individual being complained against will most likely be necessary for investigative purposes.**

INFORMATION ABOUT YAMHILL COUNTY SHERIFF'S OFFICE DEPUTY(S) INVOLVED: (If known)

RANK	NAME:	GENDER:	RACE/ETHNICITY:	VEHICLE #
RANK	NAME:	GENDER:	RACE/ETHNICITY:	VEHICLE #
RANK	NAME:	GENDER:	RACE/ETHNICITY:	VEHICLE #
RANK	NAME:	GENDER:	RACE/ETHNICITY:	VEHICLE #

INFORMATION ABOUT WITNESSES (If available/applicable):

WITNESS NAME:	HOME ADDRESS:	HOME PHONE:
WITNESS NAME:	HOME ADDRESS:	HOME PHONE:

PLEASE DESCRIBE WHAT HAPPENED IN DETAIL. (Attach additional pages if needed)

My signature hereby certifies that the information in this complaint is true and correct to the best of my knowledge and belief. As outlined in ORS 162.375, I understand that filing a false report is a crime and I may be subject to legal action if this document contains falsified information or not submitted in good faith.

Signature: _____

Date: _____

This form may be brought in-person, emailed to YCSOProfessionalStandards@co.yamhill.or.us, or mailed to:
 Yamhill County Sheriff's Office
 Attn: **Professional Standards**
 535 NE 5th Street, Room 143
 McMinnville, OR 97128