



UNIVERSITY OF OREGON POLICE DEPARTMENT COMMUNITY COMPLAINT FORM

INCIDENT DATE: _____ TIME: _____

INCIDENT LOCATION: _____

OFFICER(S)/EMPLOYEE(S) INVOLVED: _____
(Describe employee if name not known)

WITNESSES / OTHERS INVOLVED:

NAME: _____ CONTACT INFO: _____

NAME: _____ CONTACT INFO: _____

SPECIFIC TYPE OF ALLEGATION(S):

(Describe the incident in detail on attached pages)

- Unprofessional conduct Unreasonable use of force Property damage or loss
- Discrimination Dishonesty False detention or arrest
- Other (describe): _____

INSTRUCTIONS: Complete, sign and return this form and attach a statement describing the details of the incident to the UOPD. Please return your statement and forms in a timely manner as extended time between the incident and your complaint may adversely affect consideration of your complaint. Please refer to the UOPD website for further information about the UOPD complaint process (<https://police.uoregon.edu/complaints>).

CONTACT INFORMATION (You may make an anonymous complaint):

NAME (Print): _____ TELEPHONE: _____

MAILING ADDRESS: _____

With my signature I hereby certify that my description of this incident as submitted is true, accurate and complete. I understand I am submitting a formal complaint and I agree to be interviewed and to cooperate with UOPD personnel assigned to investigate this report.

SIGNED: _____ DATE: _____

