

UNIVERSITY OF OREGON POLICE DEPARTMENT COMMUNITY **COMPLAINT FORM**

INCIDENT DATE:		TIME:
INCIDENT LOCATION:		
OFFICER(S)/EMPLOYEE(S) If (Describe employee if name not known	NVOLVED:	
WITNESSES / OTHERS INVO	LVED:	
NAME:	CONTACT INF	0:
NAME:	CONTACT INF	0:
SPECIFIC TYPE OF ALLEGA (Describe the incident in detail of		
Unprofessional conduct	Unreasonable use of force	 Property damage or loss False detention or arrest
Other (describe):		
details of the incident to the UO extended time between the incide	PD. Please return your states ent and your complaint may OPD website for further inf	nd attach a statement describing the ment and forms in a timely manner as adversely affect consideration of your formation about the UOPD complaint
CONTACT INFORMATION (Y	You may make an anonymou	us complaint):
NAME (Print):	,	TELEPHONE:
MAILING ADDRESS:		
With my signature I hereby certif	fy 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: _____



UNIVERSITY OF OREGON POLICE DEPARTMENT COMMUNITY COMPLAINT – STATEMENT

NAME (Print): _____ TELEPHONE: _____

MAILING ADDRESS:

INSTRUCTIONS: In the space below, please describe in detail the incident about which you wish to complain. Be specific about persons involved and their actions. Use as many copies of this form as needed (or plain paper) and sign, date and number each page. Attach and return this statement to UOPD with your "Community Complaint" form. Please refer to the UOPD website https://police.uoregon.edu/complaints for more information about complaint procedures and options.

STATEMENT:

SIGNED:	DATE:
PAGEof	

UOPD Chief Jason Wade 2024