



# Oregon Department of Public Safety Standards and Training **F-100** Professional Standards Complaint Form

**How do I make a complaint about an Oregon public safety officer (police, corrections, parole and probation, telecommunicator or emergency medical dispatcher)?**

The Oregon legislature has given the Department of Public Safety Standards and Training (DPSST) the responsibility to establish reasonable minimum standards for Oregon's public safety professionals. DPSST's jurisdiction over matters of officer or dispatcher conduct is limited to standards identified in ORS 161.610 and OAR 259-008-0010 – 0070.

An individual can make a formal complaint directly to the local agency that employs the officer. If DPSST receives a complaint about a currently employed officer, it is our policy to forward the complaint to the employing agency. As a general rule, complaints must be processed through the employing agency first before DPSST will further investigate.

**How do we reach you?**

**DATE:** \_\_\_\_\_

First Name	Last Name	Middle Initial
Mailing Address	City	State
Day Time Phone	Email address	Zip Code

**How should we contact you?**

By phone     By mail     By email     I wish to remain anonymous

### Information about the Incident

**Date of the Incident:** \_\_\_\_\_ **Time of the Incident:** \_\_\_\_\_

**Location of the Incident:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**If Arrest, name of arresting agency:** \_\_\_\_\_

**If Convicted, name/location of court:** \_\_\_\_\_

**Name of the officer/dispatcher:** \_\_\_\_\_

**Agency where the officer/dispatcher works:** \_\_\_\_\_

**Do you believe this incident occurred while the officer/dispatcher was:**  On duty     Off duty

**Names of witnesses to the Incident:**

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**Contact Info:** \_\_\_\_\_

**Contact Info:** \_\_\_\_\_

**Contact Info:** \_\_\_\_\_

**Tell us what happened (you may attach additional pages if needed)**

**What steps have you taken to resolve this complaint?**

- |   |                                     |                                    |                                   |
|---|-------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> I have contacted the officer/dispatcher              | <input type="checkbox"/> In writing | <input type="checkbox"/> In person | <input type="checkbox"/> By phone |
| <input type="checkbox"/> I have contacted the officer/dispatcher's supervisor | <input type="checkbox"/> In writing | <input type="checkbox"/> In person | <input type="checkbox"/> By phone |
| <input type="checkbox"/> I have contacted the agency head                     | <input type="checkbox"/> In writing | <input type="checkbox"/> In person | <input type="checkbox"/> By phone |
| <input type="checkbox"/> I have contacted the district attorney               | <input type="checkbox"/> In writing | <input type="checkbox"/> In person | <input type="checkbox"/> By phone |
| <input type="checkbox"/> None   |                                     |                                    |                                   |
| <input type="checkbox"/> Other: _____   |                                     |                                    |                                   |

**Mail to:**

**DPSST – Professional Standards  
4190 Aumsville Hwy SE  
Salem, Oregon 97317**