

Clackamas County Sheriff's Office

"Working together to make a difference"



CRAIG ROBERTS, Sheriff
DAVID KIRBY, Undersheriff

PROFESSIONAL STANDARDS UNIT

INITIAL REPORT / SUPPLEMENTAL REPORT

REVIEW NUMBER: _____ **DATE OF THIS REPORT:** _____

TYPE OF COMPLAINT: (Check One)

- Citizen Complaint
- Internal Complaint
- Internal Inquiry

Incident Date & Time: _____
Incident Location: _____
Incident Case / CAD Number: _____
Department Member(s) Mentioned: _____

COMPLAINANT (S) MENTIONED: (Complete each area of Information)

Name: _____
Date of Birth: _____
Street Address: _____
City, State & Zip Code: _____
Phone Number (s): _____

WITNESS (S) MENTIONED: (Complete each area of Information)

Name: _____
Date of Birth: _____
Street Address: _____
City, State & Zip Code: _____
Phone Number (s): _____

ALLEGED VIOLATIONS / SPECIFIC COMPLAINANT or INQUIRY:

(Specify Policy / Procedure Violation or Inquiry)

Department Member Receiving Complaint: _____
Date & Time Complaint Received: _____

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SUMMARY OF COMPLAINT / SUPPLEMENTAL INFORMATION: (Must be completed)
(Attach Reports / CAD printouts / Photographs / Tape Recordings, etc.)

PERFORMANCE REVIEW COMPLETED / REFERRED AS FOLLOWS:

INQUIRY ONLY Completed during initial contact (phone or personal with complainant)
SUPERVISOR NAME: _____ DATE COMPLETED: _____

Initiated Complaint / Referred to Professional Standards Unit
SUPERVISOR NAME: _____ DATE COMPLETED: _____

Reviewed and referred to Division Commander
PSU SUPERVISOR NAME: _____ DATE REFERRED: _____

Reviewed and referred by Division Commander
COMMANDERS NAME: _____ DATE REVIEWED: _____

Reviewed by Sheriff / Undersheriff / Chief Deputy
NAME: _____ DATE REVIEWED: _____