



Polk County Sheriff's Office

Profiling Complaint Form

Complainant's Name _____ Signature _____

Complainant's Address _____

Complainant's Phone Number _____

Name of Alleged Victim (If not complainant) _____

Officer's Name _____ DPSST # _____

Note – the information above this line MUST be redacted prior to forwarding this Complaint Form to LECC. ORS 131.906(6).

Date of Incident _____ Time of Incident _____

Summary of Complaint _____

Location of Incident _____

Reason for Stop or Contact (as reported by complainant) _____

Law Enforcement Action Taken (as reported by complainant) _____

The following information refers to either the complainant, if they were the alleged victim of profiling, or to the alleged victim of profiling if the complainant is filing a complaint on someone else's behalf:

Gender _____ Gender Identity _____ Age _____ Color _____ Race _____

Ethnicity _____ Sexual Orientation _____ Primary Language _____

National Origin _____ Religion _____ Political Affiliation _____

Homeless (Y or N) _____ Disability (Mental, Physical, Intellectual) _____

DISPOSITION (To be added after conclusion of investigation)

SUSTAINED ____ NOT SUSTAINED ____ UNFOUNDED ____ EXONERATED ____ POLICY FAILURE ____