



# Police Department

## PROFESSIONAL AFFAIRS INVESTIGATIONS

### COMPLAINANT PACKET

Oak Harbor Police Department  
860 SE Barrington Drive  
Oak Harbor, WA 98277  
(360) 279-4600  
[ohpd42@OakHarbor.org](mailto:ohpd42@OakHarbor.org)



## POLICE DEPARTMENT

Scott Dudley, Mayor  
Edgar J. Green, Chief of Police

860 SE Barrington Drive • Oak Harbor WA • 98277 • (360) 279-4600 • FAX (360) 279-4609

Teri Gardner  
Captain

### INSTRUCTIONS FOR FILING A COMPLAINT

The Oak Harbor Police Department encourages citizens to become familiar with the operation of the Department. A part of our organization is the Professional Affairs (PA) Investigations procedures, which are designed to maintain the integrity of the Department and promote positive relations with the community.

You have received this packet because you have indicated that you wish to file a complaint of police misconduct.

Please read through this information carefully, and then fill out the PA COMPLAINT REPORT FORM. There is a continuation sheet for writing out the summary of your complaint. You may make additional copies of this sheet if needed.

When you have completed filling out the Complaint Report, please bring it to the Oak Harbor Police Department. **A staff member will witness when you sign the last page of this packet** – the *Internal Investigation Warning*. Please call for additional instructions if you do not reside locally.

Following is some information on Professional Affairs investigations.

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#### OAK HARBOR POLICE DEPARTMENT Professional Affairs Investigations

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#### WHEN YOU FILE A COMPLAINT OF POLICE MISCONDUCT

The purpose of the Professional Affairs Investigation procedure of the Oak Harbor Police Department is to investigate, in a fair and objective manner, each complaint alleging misconduct of an employee.

A person who files a complaint can expect the handling of the complaint to proceed in the following manner:

#### INTAKE

- a. Detailed information such as date, time, place, witnesses, will be recorded on an official Oak Harbor Police Department Complaint Form.
- b. The person making the complaint may be asked to give a written or recorded statement describing the details of the complaint.

**KEEP THIS FORM FOR YOUR RECORDS**

## **SCREENING AND ASSIGNMENT**

- a. The complaint will be screened by the Chief of Police or Captain, to determine:
  1. If the complaint should be forwarded to the accused employee's first line supervisor for investigation and informal disposition. The employee will be notified of the complaint.  
~OR~
  2. If the complaint should be assigned to the Investigations Division for formal investigation, the employee will be notified, unless a criminal investigation is necessary.

## **INVESTIGATION**

- a. If the complaint is assigned as a Professional Affairs Investigation, there will be a detailed investigation which will include the gathering of all available evidence related to the complaint, i.e.: officers' statements, witnesses' statements, public records, physical evidence, laws and regulations. It is the investigator's responsibility to pursue every proper means available to develop sufficient information to support an appropriate disposition of the matter.

## **REVIEW AND DISPOSITION**

- a. When the investigator completes the fact-finding process, he will submit the entire case file and summary of his investigation to the Captain for review. The Captain will, in turn, submit the case to the Chief of Police for approval of the Professional Affairs Investigation.
- b. In order for a complaint to be sustained, there must be a preponderance of evidence that the allegations are more likely true than not true and that the employee's actions were in violation of some rule or regulation governing the conduct or actions of employees.
- c. The case file is then returned to the Captain.

## **NOTIFICATION**

- a. The complainant and the accused employee are both notified in writing of the disposition of the complaint.

## **APPEAL PROCESS**

- a. In certain cases where the investigation results in a sustained finding, the accused employee has the right of review by a disciplinary hearing panel.

## **PLEASE NOTE:**

It usually takes a minimum of fifteen working days to gather all the necessary information in a complaint investigation. Additional time is required for the review and recommendation process. It is not unusual for thirty days to elapse between the filing of a complaint and notification of disposition. Should you have any questions about the status of the investigation or your complaint, you may contact the Captain by calling 279-4623, during normal business hours.

**KEEP THIS FORM FOR YOUR RECORDS**

Date this Report Completed:	Time this Report Completed:	<b>PA COMPLAINT REPORT OAK HARBOR POLICE</b>	PA Control # <i>(Office Use Only)</i>	
<b>Professional Affairs Investigations</b>			<b>COMPLAINT REPORT</b>	
<b>Reported By</b>	FULL NAME		DATE OF BIRTH	
	RESIDENCE ADDRESS		CITY	STATE      ZIP CODE
	MAILING ADDRESS - IF DIFFERENT FROM ABOVE		CITY	STATE      ZIP CODE
	EMPLOYER		BUSINESS PHONE (      )	RESIDENCE PHONE (      )
<b>Subject/ Victim/ Complainant <i>(if different from "Reported By")</i></b>	FULL NAME		DATE OF BIRTH	
	RESIDENCE ADDRESS		CITY	STATE      ZIP CODE
	MAILING ADDRESS - IF DIFFERENT FROM ABOVE		CITY	STATE      ZIP CODE
	EMPLOYER		BUSINESS PHONE (      )	RESIDENCE PHONE (      )
<b>Who is Complaint Against?</b>	1	NAME	If cannot identify personnel involved, be specific as to date, time, location of incident, vehicle number, description of person, etc:	
	Description Continued			
<b>Who is Complaint Against?</b>	2	NAME	If cannot identify personnel involved, be specific as to date, time, location of incident, vehicle number, description of person, etc:	
	Description Continued			
<b>Were there any Witnesses?</b>	1	FULL NAME	Relation to Subject/Victim/Complainant, if any	
	RESIDENCE ADDRESS		CITY	STATE      ZIP CODE
	MAILING ADDRESS - IF DIFFERENT FROM ABOVE		CITY	STATE      ZIP CODE
	EMPLOYER		BUSINESS PHONE (      )	RESIDENCE PHONE (      )
	2	FULL NAME	Relation to Subject/Victim/Complainant, if any	
	RESIDENCE ADDRESS		CITY	STATE      ZIP CODE
	MAILING ADDRESS - IF DIFFERENT FROM ABOVE		CITY	STATE      ZIP CODE
	EMPLOYER		BUSINESS PHONE (      )	RESIDENCE PHONE (      )
	3	FULL NAME	Relation to Subject/Victim/Complainant, if any	
	RESIDENCE ADDRESS		CITY	STATE      ZIP CODE
	MAILING ADDRESS - IF DIFFERENT FROM ABOVE		CITY	STATE      ZIP CODE
	EMPLOYER		BUSINESS PHONE (      )	RESIDENCE PHONE (      )
<b>SUMMARY OF COMPLAINT <i>(If more room is needed, continue on attached Narrative sheet)</i></b>				
<b>SIGNATURE</b>	Reporting Party Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.		PLACE SIGNED	DATE SIGNED
	Signature:		OAK HARBOR, WASHINGTON	TIME SIGNED
<b>COMPLAINT RECEIVED BY</b>	NAME	RANK	PIN	DIVISION
	RECEIVING EMPLOYEE SIGNATURE		DATE SIGNED	TIME SIGNED
	HOW RECEIVED      {    IN PERSON      {    TELEPHONE      {    LETTER			
<b>FORWARD COMPLAINT REPORT AND ALL ACCOMPANYING PAPERWORK TO OPERATIONS CAPTIAN</b>				





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**INTERNAL INVESTIGATION WARNING**

**NOTE: You must sign this form in front of Police Department personnel when you turn in your complaint. A staff person will witness your signature.**

**NOTICE to person submitting statement for Professional Affairs Investigation:**

Making false reports to public officer:

1. A person commits the crime of making a false statement if he/she knowingly makes a false or misleading material statement in any report to a police or fire department.
2. In addition, you will be asked to “certify under penalty of perjury under the laws of the State of Washington that the foregoing is a true and correct statement”.

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I acknowledge that I have been advised of, and understand, this Internal Investigation Warning.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – Oak Harbor Police / ID#

\_\_\_\_\_  
Date