



Citizens Advisory/Review Board of Spokane County Sheriff's Office

CITIZEN COMPLAINT INFORMATION AND PROCEDURES

Dear Citizen:

It is our sincere desire to provide the community of Spokane County a mechanism and procedure, when they feel their issue has not been brought to closure and needs a review from an unbiased set of eyes. The Citizen Advisory Board (CAB) provides that appeal or “extra look.”

The Sheriff conveys that “the role of law enforcement is very difficult and complex.” “Deputies can only effectively solve community problems when they are working in concert with the community.” He goes on to say “to accomplish this, deputies must strive to serve the public in a fair, professional, and impartial manner that respects the dignity and diversity of everyone they contact.

We realize as human beings, sometimes we do not act appropriately or convey a message in a professional manner. To provide transparency and a voice for the citizenry, there is a way to be heard. The Sheriff says he wants to know about your complaint. He holds this charge very seriously and believes in accountability tapered with fairness. There are provisions on the Sheriff website to lodge these “initial” complaints. These procedures are:

I. PROCEDURES FOR FILING AN “INITIAL” CITIZEN COMPLAINT

A citizen may lodge an “initial” complaint with the Sheriff’s office by phone, letter, email, electronically via the Sheriff’s website, or in person. [Sheriff’s Office Complaint/Witness Form \(clicking here\)](#).

These initial complaints will be passed to the appropriate department, an investigation conducted, and then reviewed by a command staff member. The findings will be relayed to the complainant and hopefully be resolved.

II. CAB APPELLATE REVIEW

If a citizen is not satisfied with the initial outcome, they may file for a CAB Appellate Review. These appeals must be in writing on a [CAB Appellate Review Form \(click here\)](#), and submitted within 60 days of notification on the initial complaint. The CAB reserves the right to investigate/review any case, procedure, or protocol within their purview. “Initial” complaints must first go through the Sheriff’s office in accordance with department procedures, before the CAB will consider a review.

III. CAB COMPLAINT PROCEDURES

After an “initial” complaint has gone through the appropriate department channels and decision rendered, citizens can contact the CAB directly with issues via mail. Complaints must be detailed and outlined in writing and contact information listed for replies. CAB Appellate Review Forms can be obtained by ([clicking here](#)). An address is required and phone or email appreciated. A completed complaint form should be mailed to: Sheriff Office, ATTN: Julie Mindemann c/o CAB, 1100 W. Mallon, PSB, Spokane, WA 99260-0300. Once received the complaint will be date-stamped and then forwarded to the CAB for review. Initial/new complaints must be addressed through the Spokane County Sheriff’s Office for initial screening and disposition. Judicial remedies are still available as applicable laws permit.

Thank you,

Your Citizen Advisory Board



Citizens Advisory/Review Board

of
Spokane County Sheriff's Office

COMPLAINT/APPELLATE REVIEW FORM

For Office Use Only
IA Number _____

For Office Use Only
CAB Control Number _____

Complainant's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Phone Number
Complainant Address (Street Address, City, State, Zip Code)		Complainant Email Address
Location of Occurrence		Date & Time of Occurrence
Complainant Injured? Yes _____ No _____	Initial complaint made by: Phone _____ In Person _____ Letter/email ___ Website _____	
Complainant Arrested? Yes _____ No _____		
Incident Report Number # (If known) _____		

WITNESS INFORMATION

Witness Name #1 (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Phone Number
Witness Address (Street Address, City, State, Zip Code)		Witness Email Address
Witness Name #2 (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Phone Number
Witness Address (Street Address, City, State, Zip Code)		Witness Email Address

INVOLVED SHERIFF'S OFFICE EMPLOYEE(S)

Involved Member Name (if known)	Involved Member Name (if known)	Involved Member Name (if known)

