

Oregon Judicial Department Marshal's Office Judicial Marshal Profiling Complaint Report



Complaint time/date:						
Complaint received via:					☐ Fax	Other
Complainant name:						
Address:						
Work telephone:	Home telephone:					
Cell phone:						
Incident(s) time(s)/date(s)	and location(s)	:				
Judicial Marshal Subject	to this Complaint	t:				
Witnesses (name, addres	s, contact numb	er if known):				
1						
2						
3						
Summary of Allegations:						
Complainant's signature:				Date	e:	
☐ Complainant declin	ed to sign [Date:				
Send hard copy or electro	onic copy of the I	report of a co	mplaint of p	profiling to:		
	icial Marshal ss: OJD Marsha Oregon Jud	al's Office icial Departm	ent			

1163 State Street

Salem, OR 97301-2563

Phone: 503-986-4547 Fax: 503-986-5401

Email: Marshals@ojd.state.or.us

Or,

HRSD Director

Address: Human Resource Services Division

Oregon Judicial Department

1163 State Street Salem, OR 97301-2563

Phone: 503-986-5930 Fax: 503-986-5871

Email: OJD.HRSD@ojd.state.or.us

Or, if the complaint involves actions of the Chief Judicial Marshal, the complaint may be filed with

State Court Administrator

Address: Attn: Executive Services Division

Oregon Judicial Department

1163 State Street Salem, OR 97301-2563

Phone: 503-986-5500, ext. 0

Fax: 503-986-5503

Or,

HRSD Director

Address: Human Resource Services Division

Oregon Judicial Department

1163 State Street

Salem, OR 97301-2563

Phone: 503-986-5930 Fax: 503-986-5871

Email: OJD.HRSD@ojd.state.or.us

If this form has been completed by someone ot provide the name and court/division of the per		
Name	Court/Division	Date
Signature of Individual Completing Report*	Date	-
(*Signature acknowledges the above information is	accurate to best of individual's k	nowledge.)
If the complaint was received orally and recorded be complainant for the complainant to sign, if complain	• • • • • • • • • • • • • • • • • • • •	
Date a copy mailed for complainant's signature, if a	applicable:	