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[www.oir.ocgov.com](http://www.oir.ocgov.com)

Office of Independent Review

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The Office of Independent Review (OIR) serves as an independent resource for the Board of Supervisors that works to secure the transparency and accountability of five county agencies, including the Orange County Sheriff's Department, Probation Department, Office of the District Attorney, Office of the Public Defender, and the Social Services Agency. The OIR does this by identifying specific incidents and systemic issues that indicate high risk and potential liability for the County. We review all complaints sent to the OIR to determine whether the issue falls within our mandate. In certain instances, we may refer the complaint to the agency or agencies at issue for their review. Complaints may be submitted anonymously; however, anonymous complaints may limit the ability of the OIR to investigate the complaint or contact the complainant. To submit the form, email it to: [oir@ocgov.com](mailto:oir@ocgov.com).

**Print your first name, middle initial, last name:**

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**Print full address – enter P.O. Box for mail purposes only:**

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**Enter phone number to include area code:**

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**Type of Complaint (check all that apply):**

- ☐ Use, threat, solicitation or encouragement of unlawful, improper or excessive force
- ☐ Acts or threats of discrimination or disparate treatment or verbal slurs based on race, ethnicity, religious affiliation or belief, national origin, political affiliation, gender, disability or sexual orientation
- ☐ Sexual harassment
- ☐ Improper display or use of firearms, other weapons, or force
- ☐ Falsification of government documents or reports
- ☐ Interference in, obstruction of, or improper influence over any investigation authorized by law or County ordinance in a manner that inhibits or compromises the impartial search for truth
- ☐ Making false or misleading statements in any investigation authorized by law or to relevant County Department supervisors and/or other officials
- ☐ Use of illicit drugs

- ☐ Use of an official position for personal or financial gain
- ☐ Bringing, or assisting or permitting others to bring, contraband to inmates or others in custody
- ☐ Criminal conduct

**Date/Time of Incident:** Enter date and time incident occurred.

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**Detail by Complainant:** A complete description of the incident to include all witnesses. You may add additional sheets to this as needed.

**County Agency Involved:**

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**Witnesses:** \_\_\_\_\_

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**Nature of Complaint:** To be stated in Complainant's own words.

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**Location:** Print street number, street name, and city in which incident occurred.

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**Additional Details – Is there anything else you would like us to know?**

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