

BERKELEY POLICE DEPARTMENT CIVILIAN COMPLAINT FORM



Complainant's Name					
Contact Address	City			State	Zip
Phone #1	Phone #2			Email Addres	s
Victim (other than complainant)	Address		City	State	Zip
Witness	Address	City	State Zip	Phon	e Number

*Any complaint can be made anonymously. However, not providing your name and contact info may affect our ability to conduct a full investigation and provide you with the results of your complaint.

In addition, you are entitled to file a complaint with the Office of the Director of Police Accountability.

Office of the Director of Police Accountability 1947 Center Street, 5th Floor Berkeley, CA 94704 phone: (510) 981-4950 www.berkeley.ca.gov/safety-health/police-accountability For further information about the complaint process: www.berkeleyca.gov/safety-health/police

Check all categories that apply to your complaint :

Unreasonable Force	Racial Profiling/Discrimination
Rudeness/Discourtesy	Harassment
Unlawful Detention/Search/Arrest	Police Procedure/Policy Violation
Detention Procedure (Jail)	Traffic Citation or Police Tow
Investigation Procedures/Police Report	Other Improper Action

Date of Incident	Time	Location of Incident	Police Report Number
Involved Police Dep	artment Employ	yees(s) (name, badge #, description	or other identifying information)

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CIVILIAN COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CIVILIAN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATED TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

Complainant Statement

Please prepare a summary of your complaint with as much detail as possible. A sergeant with the Internal Affairs Bureau will contact you to schedule an interview in which a more complete statement will be taken.

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Your signature below indicates that the statement that you are making is true and accurate to the best of your knowledge.

Complainant

Date