Complaint Form

Berkeley Police Department
Internal Affairs Bureau
2100 Martin Luther King Jr. Way
Berkeley, CA 94704
(510) 981-5706

Complainant's name **address** city zip **phone**

Alternate/work address city zip phone

Gender Race DOB e-mail address

Incident location **date** **time**

Division involved (if known) **Employee name / badge (if known)**

Alleged Violation of Departmental Policy in regards to:

1- Use of Force	4- Detention Procedure (jail)	7- Harassment
2- Discourtesy	5- Investigation Procedures/ Police Report	8- Police Procedures
3- Street detention / Search / Seizure Arrest	6- Discrimination	9- Traffic Citation or Police Tow
		10- Other

NOTE: If alleging **discrimination**, please circle one or more of the following: race, nationality, gender, age, religion, gender identity, sexual orientation, mental disability, or physical disability

Victim (if other than complainant) address city zip phone

Witness address city zip phone

Witness address city zip phone

What was complainant doing at time of incident?

Does complaint involve an arrest? Person(s) arrested / injured Case number

Complaint received by date time in person by phone by mail other

Have complainant submit own hand-written account of incident on reverse side >>>>>

01/06/16

Complainant Statement

Please prepare a synopsis 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. *If your complaint is more than 30 days from the date of incident upon which the complaint is based, please explain in your synopsis the circumstances that caused a delay in filing.*

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

Complainant Date

Witness Date