



# POLICY COMPLAINT FORM

## Police Review Commission (PRC)

1947 Center Street, 1<sup>st</sup> Floor, Berkeley, CA 94704

Website: [www.ci.berkeley.ca.us/prc/](http://www.ci.berkeley.ca.us/prc/)

E-mail: [prc@ci.berkeley.ca.us](mailto:prc@ci.berkeley.ca.us)

Phone: (510) 981-4950 TDD: (510) 981-6903 Fax: (510) 981-4955

Date Received: \_\_\_\_\_

PRC CASE # \_\_\_\_\_

1

Name of Complainant: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity:  Asian  Black/African-American  Caucasian  
 Latino/Hispanic  Multiethnic: \_\_\_\_\_  Other: \_\_\_\_\_

2

Identify the Berkeley Police Department (BPD) policy or practice you consider to be improper or would like the Commission to review.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

Location of Incident (*if applicable*) \_\_\_\_\_

Date & Time of Incident (*if applicable*) \_\_\_\_\_

Provide a factual description of the incident that forms the basis of your complaint. Be specific and include what transpired, and how the incident ended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4

What changes to BPD policy, practice, or procedure do you propose?

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5

Use this space for any additional information you wish to provide about your complaint. (Or, attach relevant documentation you believe will be useful to the Commission in evaluating your complaint.)

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6

**CERTIFICATION**

*I hereby certify that, to the best of my knowledge, the statements made on this complaint are true.*

\_\_\_\_\_

Signature of Complainant

\_\_\_\_\_

Date

7

**How did you hear about Berkeley's Police Review Commission?**

- Internet
- Publication: \_\_\_\_\_
- Referral: \_\_\_\_\_
- Other: \_\_\_\_\_