



COMPLAINT FORM

Office of the Director of Police Accountability (DPA)

1900 Addison Street, 3rd Floor, Berkeley, CA 94704

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

Date Received: _____

DPA Case # _____

1 Name of Complainant: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alt. Phone: (_____) _____

E-mail address: _____

Occupation: _____ Gender: _____ Date of Birth: _____

Ethnicity: Asian Black/African American Caucasian
 Latino / Hispanic Multi-ethnic: _____ Other: _____

Complainants must inform the DPA of any changes of address or phone number; failure to provide current information or to cooperate with the investigation may result in closure of the case.

2 Did the incident involve a Berkeley Police Officer (excluding Parking Enforcement)? Yes No*
* (If no, please speak to a DPA staff person; do **not** complete this form.)

Location of Incident: _____

Date & Time of Incident: _____

Complaints must be filed within 180 days of the incident.

Persons with pending criminal charges related to the incident may delay filing a DPA complaint until their criminal case has been resolved; these persons should consult their attorney before filing.

Describe any injuries suffered: _____

Where and by whom were the injuries treated? _____

If injuries were treated, do you authorize the release of your medical information to the DPA? Yes* No
*(If yes, sign and return the Medical Authorization Form provided by the DPA.)

*Were photos taken of the injuries? Yes No If yes, by whom? _____

Was the incident videotaped? Yes No If yes, by whom? _____

Were you arrested? Yes No Are criminal charges pending? Yes No

Is there a BPD Report? Yes No If yes, report/incident/citation # _____

6 ALLEGATIONS

Check the types of misconduct that you think apply to your incident. Allegations will ultimately be determined by DPA staff.

Discourtesy

- Abusive or obscene language
- Failure to provide information
- Failure to respond

Discrimination

Prejudicial treatment based on:

- Disability
- Gender
- Nationality
- Race or ethnicity
- Religion

Harassment (consistent, deliberate annoyance through *repeated* contacts.)

Improper Detention

Improper Citation

Improper Arrest

Improper or Inadequate Investigation

- Failure to investigate or make police report
- False or improper police report

Improper Police Procedures

- Damage to property
- Improper confiscation of property
- Failure to identify oneself or no badge visible
- Failure to provide medical assistance

Improper Search

- Home
- Person
- Vehicle

Improper Use of Force

- Improper physical contact
- Improper display of firearm
- Improper use of baton, firearm, handcuffs, mace, pepper spray, etc.

Other Allegation (specify):

7 MEDIATION ALTERNATIVE (Complete *after* you speak with the DPA Investigator)

- Has a DPA staff person explained the difference between mediation and an investigation? Yes No
- Have you received and read the mediation materials attached to this Complaint form? Yes No
- Do you choose mediation as a means of resolving your complaint? Yes No
- (Note: You cannot opt out of mediation once the subject officer/s agrees to mediate.)*

8 CERTIFICATION

I hereby certify that, to the best of my knowledge, the statements made on this complaint are true. I also understand that my oral testimony before a PAB hearing will be given under oath (in closed session).

_____ Signature of Complainant _____ Date

9 How did you hear about the Director of Police Accountability or the Police Accountability Board?

- Internet _____
- Berkeley Police Dept. _____
- Newspaper: _____
- Referred by: _____
- Other: _____