



# COMPLAINT FORM

Office of the Director of Police Accountability (DPA)  
1947 Center Street, 5<sup>th</sup> Floor, Berkeley, CA 94704

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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 90 days of the incident. Complaints may be accepted as a late file between 91 and 180 days of the incident, subject to the approval of the Police Accountability Board.**

**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):

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## 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: \_\_\_\_\_