

Internal



BERKELEY POLICE DEPARTMENT CIVILIAN COMPLAINT FORM



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

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

Date of Incident	Time	Location of Incident	Police Report Number
Involved Police Department Employees(s) (name, badge #, description or other identifying information)			

Complainant

Internal

Date