Police Complaint Form



Please fill out this form to the best of your ability. *Print clearly*.

All complaints will be fully investigated by BPD's Internal Affairs (IA). The Civilian Review Board (CRB) will review all IA investigations of CRB eligible complaints. CRB may authorize an independent investigation. Complaints will be investigated by BPD if they are signed or unsigned by the person making the complaint. Questions? Contact either:

CRB: 410-396-3151 / civilrights@baltimorecity.gov					IA: 410-396-2300 / complaints@baltimorepolice.org					
you need an interpreter	? □Yes □	No If yes, wh	nich language?			¿Necesita uste	d un inté	rprete de español?	□Sí □No	
. TELL US ABO	UT THE	E PERSON	COMPLE	TING	THIS F	ORM				
. Name (First, Middle Initial,			ome Address			3. Date of Bir	th 4. Ag	ge 5. Race/Ethnicit	y 6. Disabilit	
l Anonymous/I do not want to share	personal info.								□ Yes □	
Gender/Gender Identity 8. Contact		t Number		9. Ot	her Contact N	lumber	10	. Email Address	, l	
Location of Incident			12. Incident Date		13. Incident Tir		ime			
								☐ Yes ☐	No	
		16. Ticket/S	icket/Summons/Case #		17. Was there an injury? ☐ Yes ☐ No					
☐ Yes ☐ No					If yes, describe the injury and any medical care received in your statement on Page 2.				ı Page 2.	
I. TELL US ABO				from [person con			, , , , ,		
8. Victim's Name (First, MI,	Last)	19. Ho	me Address			20. Date of Birth	21. Age	22. Race/Ethnicity	23. Disabili	
Person named above is the victim.	Go to Section II	I.							☐ Yes ☐ I	
1. Gender/Gender Identity	25. Conta	25. Contact Number			26. Other Contact Number			27. Email Address		
II. TELL US ABO		E OFFICE	R (To the bes	st of ye	our knowle	edge)	_			
8. Officer's Name (First, MI, Last)			29. Assignment/Police District				30. Badge # and/or Sequence #			
1. Description of the Officer	or addition	al details (For r	more space, cont	inue in	your stateme	ent on Page 2)				
** If multiple officers involved, pl	ease provide in	iformation in your	statement.							
V. TELL US ABO	UT ANY					ide additio <mark>n</mark> al	inform	ation in your stat	ement)	
2. Witness's Name (First. Ml. Last)		33	3. Home Address	(If kno	wn) 34		4. Contact Number			
5. Other Contact Number					36. Email Ad	ddress				
. SIGNATURE (
I understand that this stater										
The facts contained in my s made by me voluntarily and						iaition, i aeciare d	па аззігт	tnat my statement r	ias peen	
rint Name:						Date:				
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DE COMDIETED DY DE	D OR CRE	DEDCANAGE	CAD#			IA#		CRB#		
	BE COMPLETED BY BPD OR CRB PERSON BPD Member Who Received This Form					39. Date Complaint Received		40. Time Complaint Received		
7. DI D MEMBEL WHO RECEIV	cu mis run		36. 3Eq. 1	T	JJ. Date Col	mpianii Neceiveu		40. Time Complain	. Neceiveu	
CRB Member Who Received This Form (If applicable)) //2 Data	42 Date Complaint Received				43. Time Complaint Received		
T. CLUD INICHIDEL AND MECCELA	, TZ. Date	42. Date Complaint Received				13. Time complain	it necesived			

Ensure the next page (STATEMENT) is completed and remains with this form.

SUBMIT A POLICE COMPLAINT THROUGH <u>ANY</u> OF THESE METHODS:

- o To BPD, by giving this form directly to any BPD employee, visiting any BPD location, or
 - Call: 1-833-288-7245 (24-hour hotline) or 410-396-2300 (Internal Affairs)
 - Email: Complaints@baltimorepolice.org
 - Or visit: www.baltimorepolice.org/citizen-complaint-form
 - In person or by mail to:

BPD IA 2524 Kirk Ave Baltimore, MD 21218

- o To the Civilian Review Board, through any of the following ways:
 - Call: 410-396-3151
 - Email: <u>crbintake@baltimorecity.gov</u>
 - Or visit: https://civilrights.baltimorecity.gov
 - In person or by mail to:

Civilian Review Board 7 E. Redwood St., 9th Floor Baltimore, MD 21202

Within 10 days of receiving your complaint, you will be contacted by the agency to which your complaint was submitted (either BPD or CRB). The agency will contact you through the information provided on this form.

If you would like to find out the status of your complaint, you may call IA at 410-396-2300 or, for CRB-eligible complaints, CRB at 410-396-3151 and provide the reference number (CAD#) on this form.

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STATEMENT

To the best of your ability, please write **what** happened, **when** it happened, **where** it happened, **who** was involved and **how** it happened. What is your primary complaint and what outcome do you want? Please provide as much information as you believe is important and that you think would assist in investigating your situation.

TO BE COMPLETED BY BPD OR CRB PERSONNEL CAD# IA# CRB#