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*

Do you need an interpreter? ☐Yes ☐No If yes, which language? _____ *¿Necesita usted un intérprete de español?* ☐Sí ☐No

I. TELL US ABOUT THE PERSON COMPLETING THIS FORM

1. Name (First, Middle Initial, Last) ☐ *Anonymous/I do not want to share personal info.*	2. Home Address	3. Date of Birth	4. Age	5. Race/Ethnicity	6. Disability? ☐ Yes ☐ No

7. Gender/Gender Identity	8. Contact Number	9. Other Contact Number	10. Email Address

11. Location of Incident	12. Incident Date	13. Incident Time	14. Was there an arrest? ☐ Yes ☐ No

15. Was a ticket or summons issued? ☐ Yes ☐ No	16. Ticket/Summons/Case #	17. Was there an injury? ☐ Yes ☐ No *If yes, describe the injury and any medical care received in your statement on Page 2.*

II. TELL US ABOUT THE VICTIM *(If different from person completing this form)*

18. Victim's Name (First, MI, Last) ☐ *Person named above is the victim. Go to Section III.*	19. Home Address	20. Date of Birth	21. Age	22. Race/Ethnicity	23. Disability? ☐ Yes ☐ No

24. Gender/Gender Identity	25. Contact Number	26. Other Contact Number	27. Email Address

III. TELL US ABOUT THE OFFICER *(To the best of your knowledge)*

28. Officer's Name (First, MI, Last)	29. Assignment/Police District	30. Badge # and/or Sequence #
Felipe O. Carrasquillo		I002

31. Description of the Officer or additional details (For more space, continue in your statement on Page 2)

Race: Hispanic, Gender: Male, BPD Watch profile: https://bpdwatch.com/officer/404

***** If multiple officers involved, please provide information in your statement.***

IV. TELL US ABOUT ANY WITNESSES *(If more than one, provide additional information in your statement)*

32. Witness's Name (First. MI. Last)	33. Home Address (If known)	34. Contact Number

35. Other Contact Number	36. Email Address

V. SIGNATURE OF THE PERSON COMPLETING THIS FORM

I understand that this statement will be submitted to the Baltimore Police Department/Civilian Review Board and will be the basis for an investigation. The facts contained in my statement are true to the best of my knowledge and belief. In addition, I declare and affirm that my statement has been made by me voluntarily and without persuasion, coercion, or promise of any kind.

Print Name: _____ **Signature:** _____ **Date:** _____

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

37. BPD Member Who Received This Form	38. Seq. #	39. Date Complaint Received	40. Time Complaint Received
41. CRB Member Who Received This Form (If applicable)	42. Date Complaint Received		43. Time Complaint Received

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

SUBMIT A POLICE COMPLAINT THROUGH ANY OF THESE METHODS:

- 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

- To the Civilian Review Board, through any of the following ways:
  - Call: 410-396-3151
  - Email: crbintake@baltimorecity.gov
  - 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#