## 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					
o you need an interpreter?	□Yes □	No If yes, whi	ch language? _			¿Necesita usted	d un intér	prete de español?	□Sí □No	
. TELL US ABOU	JT THE	E PERSON	COMPLET	ΓING	THIS FO	ORM				
. Name (First, Middle Initial, L			ne Address			3. Date of Birt	h 4. Ag	e 5. Race/Ethnicit	y 6. Disabilit	
l Anonymous/I do not want to share p	ersonal info.								□ Yes □	
		Number		9. Oth	ner Contact N	lumber	10.	Email Address	I	
. Location of Incident			12. Incident Date		13. Incident T					
		_						☐ Yes ☐	No	
		16. Ticket/Sur	cket/Summons/Case #		17. Was there an injury? ☐ Yes ☐ No					
☐ Yes ☐ No			If		If yes, describe the injury and any medical care receive			eived in your statement on	Page 2.	
I. TELL US ABOU				from p	person con					
3. Victim's Name (First, MI, La	ast)	19. Hom	e Address			20. Date of Birth	21. Age	22. Race/Ethnicity	23. Disabili	
Person named above is the victim. G	o to Section III								☐ Yes ☐ N	
I. Gender/Gender Identity	25. Contact Number			26. Other Contact Number		lumber	27. Email Address			
II. TELL US ABOU		E OFFICER	(To the besi	t of yo	our knowle	edge)				
8. Officer's Name (First, MI, Last)		29. As	29. Assignment/Police District			it		30. Badge # and/or Sequence #		
L. Description of the Officer of	or additiona	al details (For mo	ore space, conti	nue in y	your stateme	ent on Page 2)				
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** If multiple officers involved, plea										
V. TELL US ABOU									ement)	
. Witness's Name (First. MI. Last)		33.	Home Address	(If knov	own) 34		4. Contact Number			
5. Other Contact Number					36. Email Ac	ddress				
. SIGNATURE O										
I understand that this statem The facts contained in my sto										
made by me voluntarily and v						iaition, raeciare c	ти ајјпт	that my statement i	ius Deeli	
rint Name:			Signature:		Date:			e:		
			_ ~					15.51 <del></del>		
BE COMPLETED BY BPI	OR CRR	PERSONNEL	CAD#			IA#		CRB#		
BPD Member Who Received This Form				38. Seq. # 39. Date Complain					0. Time Complaint Received	
			, ,							
1. CRB Member Who Received This Form (If applicable)			42. Date	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 <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: <a href="https://civilrights.baltimorecity.gov">https://civilrights.baltimorecity.gov</a>
  - In person or by mail to:

Civilian Review Board 7 E. Redwood St., 9<sup>th</sup> 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#