



CITY OF BALTIMORE CIVILIAN REVIEW BOARD POLICE COMPLAINT FORM

INSTRUCTIONS: Complete both pages of this form, including the Narrative Section beginning on page 3. Please print legibly. Complete all items to the best of your knowledge. Missing or incomplete information may result in delays. Attach any copies of documentation that may be relevant to your complaint. Please notify us immediately if you have a change of address, phone number, or there are changes to your complaint.

COMPLAINANT INFORMATION

Do you need an interpreter: Yes No If Yes, in which language? _____

1. Name (First, MI, Last) <input type="checkbox"/> Anonymous Complaint/I do not want to share my name or personal information (Skip to Officer Information Section, page 2.)	2. Home Address Same as Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No		3. City	4. State	5. Zip
6. Date of Birth (MM/DD/YYYY)	7. Age	8. Race/Ethnicity	9. Gender/Gender Identity		
10. Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other	11. Other Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		12. Email Address		
13. Location of Incident	14. Date of Incident (MM/DD/YYYY)	15. Time of Incident <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
16. Were you directly involved in the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Were you arrested during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Did you receive a ticket and/or summons for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Were you physically injured during this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. If physically injured, was medical attention provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				
21. If physically injured, please briefly describe the injury and how it occurred in this box and in the Narrative Statement, which begins on Page 4: _____ _____ _____ _____ _____					

VICTIM INFORMATION (If different from person completing this form)

22. Victim's Name (First, MI, Last)		23. Home Address		24. City	25. State	26. Zip
<input type="checkbox"/> The person completing this form is the victim. (Skip to Officer Information Section, page 2.)		Same as Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. Date of Birth (MM/DD/YYYY)		28. Age	29. Race/Ethnicity	30. Gender/Gender Identity		
31. Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		32. Other Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		33. Email Address		
34. Was the victim directly involved in the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		35. Was the victim arrested during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		36. Did the victim receive a ticket and/or summons for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
37. Was the victim physically injured during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		38. If physically injured, was medical attention provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				
39. If the victim was physically injured, please briefly describe the injury and how it occurred in this box and in the Narrative Statement, which begins on Page 4:						
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OFFICER INFORMATION

34. Officer's Name (First, MI, Last)		35. <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown		36. <input type="checkbox"/> Uniformed <input type="checkbox"/> Plainclothes		37. <input type="checkbox"/> Marked Vehicle <input type="checkbox"/> Unmarked Vehicle <input type="checkbox"/> Other	
38. Police Department/Unit							
<input type="checkbox"/> Baltimore Police Department	<input type="checkbox"/> Baltimore Sheriff's Office	<input type="checkbox"/> Baltimore Public Schools Police	<input type="checkbox"/> Baltimore Environmental Police	<input type="checkbox"/> Baltimore City Community College Police	<input type="checkbox"/> Morgan State University Police	<input type="checkbox"/> Other	
39. Age	40. Race/Ethnicity	41. Gender/Gender Identity	42. Badge#	43. Rank			
44. Name(s) or Description(s) of Other Officer(s) Involved:							
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WITNESS INFORMATION

45. Witness's Name (First, MI, Last)	46. Home Address Same as Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No	47. City	48. State	49. Zip
50. Date of Birth (MM/DD/YYYY)	51. Age	52. Race/Ethnicity	53. Gender/Gender Identity	
54. Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other	55. Alternate Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other	56. Email Address		

MEDIATION

Are you interested in mediating this complaint? Mediation offers a safe space for complainants and police officers to discuss and resolve the complaint in a fair and impartial way by creating understanding and actively participating in finding a solution. **Please be advised, if mediation is successful, no disciplinary action will be taken against the police officer.**

57. <input type="checkbox"/> Yes , I am interested in mediating this complaint	58. <input type="checkbox"/> No , I am not interested in mediating this complaint	59. <input type="checkbox"/> I do not know /I need more information about mediation
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SIGNATURE OF COMPLAINANT

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

60.

Please Print Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

a. CRB Complaint Number:	b. Date Complaint Form Received:
c. Complaint Taken By:	d. Complaint Filed By (circle): Visit Phone Online Mail Other
e. Complaint Type(s) (circle): EF FA FI H AL Other Unknown Unintelligible	f. Complaint Related to Active CRB Complaint (circle): Yes No If yes, CRB Complaint Number: _____

**POLICE COMPLAINT FORM
Narrative Statement (Continued)**
