



POLICE COMPLAINT FORM

PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITY. PLEASE PRINT CLEARLY

Your Name: _____ Today's Date: _____

Your Contact Information (We may need to contact you for more information)

Phone Number: _____ Email: _____

Age: _____ Grade: _____ Race (optional) _____ Gender (optional) _____

When did the incident occur (if ongoing, when was the date and time of the last incident)? _____

Where did the incident occur? Please provide an address or location description if possible

What best describes how you are involved? Victim Witness Concerned Party/Friend/Relative

If you are not the victim, please provide their name _____

Was there an arrest? Yes No Not sure

Was there any injury? Yes No Not sure If yes, please describe _____

Police Department (if known): _____

Officer Name (if known): _____

Badge Number (if known): _____

Type of complaint: Please check all that apply

- Abusive Language** (the use of remarks intended to be demeaning, humiliating, mocking, insulting or belittling)
- Excessive Force** (the use of greater physical force than reasonably necessary)
- False Arrest** (an arrest made without legal justification)
- False Imprisonment** (the intentional restriction without legal justification of the freedom of movement of a person who is aware of restriction and who does not consent)
- Harassment** (repeated or unwarranted conduct that is intended to be demeaning, humiliating, mocking, insulting and/or belittling or any conduct that is intended to cause unnecessary physical discomfort or injury)
- Other/Uncertain** (please explain) _____

Is this an ongoing issue or one-time incident? Ongoing One-time

I understand that this statement of complaint will be submitted to the appropriate police department and Civilian Review Board and will be the basis for an investigation. Further, I sincerely and truly declare and affirm, under penalties of perjury, that the facts contained in my Complaint 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 without persuasion, coercion, or promise of any kind.

_____	If under the age of 18, _____	_____
Complainant's Signature		Parent/Guardian Signature
_____		_____
Complainant Printed Name		Parent/Guardian Printed Name
_____		_____
Complainant Email		Parent/Guardian Email
_____		_____
Complainant Phone Number		Parent/Guardian Phone Number

*** The Baltimore City Civilian Review Board cannot investigate this claim unless it is signed. If the complainant is under the age of eighteen, the signature of a parent or guardian is also required in order to investigate this claim. If you are unable to obtain the signature of a parent or guardian, please email CRBIntake.Youth@baltimorecity.gov to determine your options.**

Please email the completed form to the Civilian Review Board at CRBIntake.Youth@baltimorecity.gov . If you need assistance, please see a guidance counselor or someone you trust.

FOR CRB USE ONLY: <ul style="list-style-type: none"><input type="radio"/> Excessive Force<input type="radio"/> Abusive Language<input type="radio"/> False Imprisonment<input type="radio"/> False Arrest<input type="radio"/> Harassment<input type="radio"/> Needs Further Investigation	IAD Number: _____ CRB Number: _____ Received Date: _____ Complaint Rec'd by: _____
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