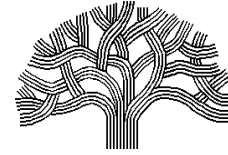




City of Oakland Citizens' Complaint Form



Internal Affairs Division
250 Frank H. Ogawa Plaza, Suite C
Oakland, CA 94612
Tel # (510) 238-3161 * TDD (510) 777-3333
Fax # (510) 238-3014

Citizens' Police Review Board
1 Frank H. Ogawa Plaza, 11th Floor
Oakland, CA 94612
Tel # (510) 238-3159 * TDD (510) 238-2007
Fax # (510) 238-7084
<http://www.oaklandnet.com/cprb.html>

Dear Citizen:

If you wish to file a complaint using the Citizen's Complaint Form, please:

1. Complete the Citizen's Complaint Form thoroughly and be sure to:
 - Include the date, time and location of occurrence.
 - Provide possible identification of the officer(s), or employee(s).
 - Provide specific, detailed descriptions of what occurred.
 - List names, addresses and telephone numbers of witnesses.
 - Sign and date the form.
2. If you wish to have your complaint considered only by the Internal Affairs Division (IAD), mail or fax a copy of your complaint to IAD at the above IAD address.
3. If you wish to have your complaint considered by the Citizens' Police Review Board, you must mail or fax a copy of your complaint to the Citizens' Police Review Board or file it with the Board at the above Board address.
5. Refold, tape or staple the completed forms, place a stamp in the upper right hand corner and mail it back. If you have any questions regarding the Citizen's Complaint Form, call either the:

Internal Affairs Division
(510) 238-3161

or

Citizens' Police Review Board
(510) 238-3159

Notice and Releases

The CITIZENS' POLICE REVIEW BOARD (CPRB) also investigates complaints against the police. The CPRB process (civilian complaint review) is a PUBLIC PROCESS. This means that all the information you provide to the CPRB and any information you authorize the OAKLAND POLICE DEPARTMENT to release to the CPRB will be maintained in CPRB files indefinitely and may be released to the public. You may, however, keep your address and telephone number confidential.

I have read and understood that the information gathered during the investigation may be released to the public. I authorize the release of my address (check) and telephone numbers (check) I provided on this Complaint Form.

Complainant's Signature

Date

In order for the CPRB to effectively investigate your complaint, you must authorize the OAKLAND POLICE DEPARTMENT to release to the CPRB the following information to which you are entitled by law [Cal. Gov't Code § 6254 (f)]: any statements you have given or may give in the future to the OAKLAND POLICE DEPARTMENT regarding this incident, the names and addresses of persons involved in or witnesses to the incident (other than confidential informants), the description of any property involved, the date, time, and location of the incident, all diagrams, statements of the parties involved in the incident, and statements of all witnesses (other than confidential informants).

I have read and understood the above and authorize the OAKLAND POLICE DEPARTMENT to release the above information to the CPRB.

Complainant's Signature

Date

For Official Use Only

Date Stamp

City of Oakland
Citizens' Complaint Form p.3, TF-3039b (2/03)

Case No.

Complainant's LAST Name, First, Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> White Other _____	Date of Birth
Address	City/Zip <input type="checkbox"/> Oakland	Home Phone ()	Work Phone ()	

Complete this Portion if Complainant is a Minor or if Assisted by an Attorney

LAST Name, First, Middle	Relationship to Complainant
Address	City/Zip <input type="checkbox"/> Oakland
Home Phone ()	Work Phone ()

Location of Occurrence	Day	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
------------------------	-----	------	---

Identity of Involved Personnel

Badge No.	Name / Vehicle No., etc.	<input type="checkbox"/> Officer	<input type="checkbox"/> Ranger	<input type="checkbox"/> Jailer	<input type="checkbox"/> Civilian	Sex	Race

Brief Narrative Using Own Words. (If you need more space, use an additional sheet of paper. Any questions, call the Internal Affairs Division at 510 238-3161 or the Citizens' Police Review Board at 510 238-3159.)

Were you injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe)	What would you like as a result of this complaint?
---	--

Witness Name (LAST, First, Middle)	Address	City/Zip	Phone (Include Area Code)

I have read and understood this statement, which I have made of my own free will, and the facts contained therein are true and correct to the best of my knowledge.

Complainant's Signature X _____ Date _____

For Official Use Only

Check all Categories that Apply:

Force Conduct Untruthfulness

Procedure Bias/Discrimination

Other _____

Complaint Received by	Date Received
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax	
Intake Officer/Personnel	<input type="checkbox"/> IAD <input type="checkbox"/> CPRB

FOLD ON DOTTED LINE

From _____

Place
Stamp
Here