

## **POLICY COMPLAINT FORM**

## Office of the Director of Police Accountability (DPA) 1947 Center Street, 5th Floor, Berkeley, CA 94704

Web: www.cityofberkeley.info/dpa E-mail: dpa@cityofberkeley.info

Date Received:
DPA Case #

		DD: (510) 981-6903 Fax: (510) 98	1-4955
1	Name of Complainant:	First	Middle
•	Mailing Address:Street		
	Primary Phone: ( )		
	E-mail address:		
	Occupation:	Gender:	Age:
	Ethnicity:	☐ Black/African-American	☐ Caucasian
	☐ Latino/Hispanic	☐ Multiethnic:	_ Other:
3	Date & Time of Incident (if applicable)	cident that forms the basis of your c	complaint. Be specific and include what

4	What changes to BPD policy, practice, or procedure do you propose?			
5	Use this space for any additional information you wish to provide about your complaint. (Or, attach relevant documentation you believe will be useful to the Police Accountability Board in evaluating your complaint.)			
	<del></del>			
6	CERTIFICATION			
6	I hereby certify that, to the best of my knowledge, the statements made on this complaint are true.			
	Signature of Complainant Date			
7	How did you hear about the Director of Police Accountability or Police Accountability Board?			
	☐ Internet			
	☐ Berkeley Police Dept. ☐ Newspaper:			
	☐ Referred by:			
	☐ Other:			