Print Form

CITIZEN COMPLAINT FORM

OFFICE OF PROFESSIONAL STANDARDS • Civilian Police Review Board

205 West Saint Clair Avenue • 3rd FL • RM 301 • 216-664-2944

Complainant's Name _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Telephone No. _____ **Cell No.** _____

Email _____

Date of Birth _____ **Social Security No.** _____

On behalf of Minor or Subject's Name _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Telephone No. _____ **Date of Birth** _____

A response to the following questions is not required, but a response will help us develop and maintain internal processes to identify patterns and trends.

GENDER: ◯ Male ◯ Female

RACE: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White

Arrested: ◯ Yes ◯ No If yes, what were you arrested for _____

Did you require medical attention: ◯ Yes ◯ No Taken to _____

WILL YOU SIGN A MEDICAL RELEASE FORM? ◯ Yes ◯ No

Location of Incident _____ Time _____ A.M./P.M. Date _____

Officer's Name _____ Badge No. _____ District _____

Description of Officer _____ Zone Car No. _____

Officer's Name _____ Badge No. _____ District _____

Description of Officer _____ Zone Car No. _____

Witness Name _____ Address _____ Phone _____

Description of Incident:

Expected Outcome:

Complainants Signature _____

This form must be filed by the person directly involved with the incident. A parent/guardian must file on behalf of a minor.

DO NOT WRITE BELOW LINE

FOR OPS AND CPD USE

C of C 71-2186 Rev. 8/11

Date Filed _____ **District/Unit** _____ **Report No.** _____

Nature of Complaint _____ **Intake Person** _____

COPY OF THIS COMPLAINT MUST BE FAXED TO THE OFFICE OF PROFESSIONAL STANDARDS AT 216-420-8764 AND THE ORIGINAL SENT TO OPS, 205 WEST SAINT CLAIR AVE, FLOOR 3, ROOM 301. **OPS CONTROL No.** _____

White Copy - OPS

Yellow Copy - District/Bureau

Pink Copy - Complainant