

**COMPLAINT FORM**

Date Received: _____

Complaint#: _____

Name of Complainant: _____

Mailing Address: _____

Primary Phone Number: _____ ALT. Phone: _____

Primary Email Address: _____

Occupation(optional): _____ D.O.B.: _____

Gender:

(Select all that apply)

 Female Non-binary/ third gender Transgender Male Prefer not to say Prefer to self-describe _____

Ethnicity:

(Select all that apply)

 Asian Black/African American White Hispanic/Latino Not listed: _____ Prefer not to say

Do you have a disability? Yes No If yes, is the disability related to the complaint? Yes No
 If yes, please list it here: _____

If you have criminal charges pending, you should consult an attorney before filing your complaint with PAC.

Did the incident involve a Philadelphia Police Officer? Yes No (If no, please speak with PAC Staff)

Location of Incident: _____

Date and time of incident: _____

Please describe any injuries suffered: _____

Where and by whom were the injuries treated? _____

If injuries were treated, would you authorize the release of your medical info to PAC? Yes No

If yes, please sign and return Medical Authorization Form Provided by PAC

Were photos taken of the injures? Yes No If yes, by whom? _____

Was the event digitally recorded? Yes No If yes, by whom? _____

Were you arrested? Yes No Are criminal charges pending? Yes No

Is there a PPD Police report? Yes No If yes report/DC#: _____

To be filled out by PAC Investigator:

What is the nature of complaint? _____

Is this a single event or ongoing problem? _____

Is there a secondary complaint? _____

Is this a single event or ongoing problem? _____

Intake Person: _____

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Please describe incident in detail: _____

Use additional paper if necessary.

Police Officer Involved Information			
Badge	Name	Sex	Race

Witness Information		
Name	Address(Home or e-mail)	Phone Number

Certification

I hereby certify to the best of my knowledge, the statement made on this complaint are true.

Signature of complainant

Date

How did you hear about the Philadelphia Police Advisory Commission?

- Internet: _____
 Publication: _____
 Referral: _____
 Other: _____