

# COMPLAINT FORM

Date Received: \_\_\_\_\_

Complaint #: \_\_\_\_\_

<b>Name of Complainant:</b>				<b>Date of Birth:</b>		
<b>Complainant Address:</b>						
<b>City, State, Zip Code:</b>						
<b>Primary Phone:</b>			<b>Primary Email:</b>			
<b>Complainant Demographics</b>						
<b>Gender</b>						
Female	Non-Binary/Third Gender		Prefer to self-describe:			
Male	Trans Male		Trans Female		Prefer not to answer	
<b>Race</b>						
White	Black/African American		American Indian/Alaska Native		Other/Not listed:	
Asian	Native Hawaiian/Other Pacific Islander		Prefer not to answer			
<b>Ethnicity</b>						
Hispanic/Latinx			Not Hispanic/Latinx			
<b>Disability</b>						
Do you have a disability?	Yes	No	Is your disability related to the incident?		Yes	No
If yes, please list disability here:						
<b>Note: CPOC only has jurisdiction over the Philadelphia Police Department. Complaints involving other police departments will be forwarded to the appropriate agency.</b>						
Did the incident involve a Philadelphia Police Officer?			Yes		No	
<b>Police Officer Involved Information</b>						
<b>Badge #</b>	<b>Name</b>		<b>Race/Gender</b>	<b>Identifying Features (e.g., hair, height, etc.)</b>		
Date and Time of incident:						
Location of incident:						
Were any injuries suffered?	Yes	No	If yes, please describe:			
Was medical treatment provided for injuries:	Yes	No	If yes, please describe:			
Were photos taken?	Yes	No	If yes, by whom?			
Was the event digitally recorded?	Yes	No	If yes, by whom? (e.g.: self, business surveillance, etc.)			
<b>Continue on next page</b>						



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[illegible]

## Certification

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

*Signature of complainant*

Date \_\_\_\_\_

How did you hear about the Philadelphia Citizens Police Oversight Commission?					
	Internet:			Publication:	
	Referral:			Other:	

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Philadelphia, PA 19102

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Fax: (215) 685-0895

Email: [CPOC@phila.gov](mailto:CPOC@phila.gov)