

COMPLAINT FORM

Date Received: _____

Complaint #: _____

Full Name		Pronouns	
Street Address			
City, State, Zip			
Phone		Date of Birth	
Email			

Complainant Demographics

These questions are voluntary and will not affect the outcome of your complaint. Any data you provide helps us better serve Philadelphia.

Gender				Race			
Male		Female		White		Black/African American	
Trans Male		Trans Female		Asian		American Indian/ Alaska Native	
Non-binary/Third Gender		Prefer not to answer		Native Hawaiian/Other Pacific Islander		Prefer not to answer	
Prefer to self-describe:				Other/Not listed:			

Ethnicity

Hispanic/Latinx		Not Hispanic/Latinx	
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Disability

Do you have a disability?	Yes	No	Is your disability related to the incident?	Yes	No
If yes, please list disability here:					

Note: CPOC only has jurisdiction over the Philadelphia Police Department. Complaints involving other police departments will be forwarded to the appropriate agency.

Police Officer Involved Information

Badge #	Name	Race/Gender	Identifying Features (e.g., hair, height, etc.)

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 there video taken?	Yes	No	If yes, by whom?	
Were you arrested?	Yes	No	Please provide any citation or DC#:	

Continue on Next Page

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Please describe incident in detail:

Use additional paper if necessary

Witness Information

Name	Email Address	Phone Number

I authorize the following person to be contacted to discuss my complaint on my behalf:

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Certification

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

X _____

Date: _____

How did you hear about the Philadelphia Citizens Police Oversight Commission?

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Publication	<input type="checkbox"/>
<input type="checkbox"/>	Referral	<input type="checkbox"/>	Other	<input type="checkbox"/>

For disability accommodations or interpretation, please contact CPOC via the information below: