

# COMPLAINT FORM

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

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

<b>Full Name</b>		<b>Pronouns</b>	
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>Phone</b>		<b>Date of Birth</b>	
<b>Email</b>			

### 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#:	

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