



**COMPLAINT FORM**  
**Office of the Independent Police Auditor**  
 2150 Webster Street, 4<sup>th</sup> Floor, Oakland, CA 94612  
 Phone: (510) 874-7477 Fax: (510) 874-7475  
 oipa@bart.gov bart.gov/policeauditor

**1 About You**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Apt/Unit #, if any City State Zip

Primary Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Would you like to receive e-mail communications from OIPA?  Yes  No How did you hear about OIPA? \_\_\_\_\_

Are you:  a Victim,  a Witness, or  a Reporting Party who was not involved in this incident

**OPTIONAL INFORMATION**

Gender/Gender Identity: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity:  Asian  American Indian or Alaska Native  Black or African American  Hispanic or Latino  Native Hawaiian or Pacific Islander

Middle Eastern or North African  White  Multiethnic: \_\_\_\_\_  Other: \_\_\_\_\_

**2 About the Incident**

Location of Incident: \_\_\_\_\_  
 (Please be as descriptive as possible - any information listed may prove helpful in investigating your complaint.)

Date & Time of Incident: \_\_\_\_\_

Were you injured?  Yes  No If yes, please describe your injuries: \_\_\_\_\_

Were you treated by a medical professional?  Yes  No

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

Are you represented by legal counsel with regard to this incident?  Yes  No

If yes, please supply contact information for your attorney: \_\_\_\_\_

**3 VICTIM / WITNESS INFORMATION**

Name	Victim / Witness (choose one)	Phone Number	E-mail Address

**4**

**INVOLVED POLICE OFFICER INFORMATION**

Badge #	Name	Physical Description

Were any of the officers in a police car?  Yes  No

If yes, please provide any identifying information that you have about the car(s): \_\_\_\_\_  
\_\_\_\_\_

**5**

Please describe the incident that forms the basis of your complaint. The more details you are able to supply, the better equipped an investigator will be to conduct a thorough investigation. Use additional pages, if necessary.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**6**

**SIGNATURE / DATE**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date