OIPA
OFFICE OF THE INDEPENDENT
POLICE AUDITOR
BAY AREA RAPID TRANSIT

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

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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: _____

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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: _____

_____

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3 VICTIM / WITNESS INFORMATION

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

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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.

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6 SIGNATURE / DATE

_____   _____
Signature of Complainant   Date