Dear Citizen:

If you wish to file a complaint using the Citizen’s Complaint Form, please:

1. Complete the Citizen's Complaint Form thoroughly and be sure to:
   - Include the date, time and location of occurrence.
   - Provide possible identification of the officer(s), or employee(s).
   - Provide specific, detailed descriptions of what occurred.
   - List names, addresses and telephone numbers of witnesses.
   - Sign and date the form.

2. If you wish to have your complaint considered only by the Internal Affairs Division (IAD), mail or fax a copy of your complaint to IAD at the above IAD address.

3. If you wish to have your complaint considered by the Citizens’ Police Review Board, you must mail or fax a copy of your complaint to the Citizens’ Police Review Board or file it with the Board at the above Board address.

5. Refold, tape or staple the completed forms, place a stamp in the upper right hand corner and mail it back. If you have any questions regarding the Citizen’s Complaint Form, call either the:

   Internal Affairs Division  or  Citizens’ Police Review Board
   (510) 238-3161  or  (510) 238-3159

TF-3039 (5/03)
Notice and Releases

The CITIZENS’ POLICE REVIEW BOARD (CPRB) also investigates complaints against the police. The CPRB process (civilian complaint review) is a PUBLIC PROCESS. This means that all the information you provide to the CPRB and any information you authorize the OAKLAND POLICE DEPARTMENT to release to the CPRB will be maintained in CPRB files indefinitely and may be released to the public. You may, however, keep your address and telephone number confidential.

I have read and understood that the information gathered during the investigation may be released to the public. I authorize the release of my address □ (check) and telephone numbers □ (check) I provided on this Complaint Form.

__________________________________________________ __________________________
Complainant’s Signature        Date

In order for the CPRB to effectively investigate your complaint, you must authorize the OAKLAND POLICE DEPARTMENT to release to the CPRB the following information to which you are entitled by law [Cal. Gov’t Code § 6254 (f)]: any statements you have given or may give in the future to the OAKLAND POLICE DEPARTMENT regarding this incident, the names and addresses of persons involved in or witnesses to the incident (other than confidential informants), the description of any property involved, the date, time, and location of the incident, all diagrams, statements of the parties involved in the incident, and statements of all witnesses (other than confidential informants).

I have read and understood the above and authorize the OAKLAND POLICE DEPARTMENT to release the above information to the CPRB.

___________________________________________________ _________________________
Complainant’s Signature         Date

p.2, TF-3039a (2/03)
### City of Oakland
#### Citizens’ Complaint Form

<table>
<thead>
<tr>
<th>Complainant's LAST Name, First, Middle</th>
<th>Male</th>
<th>Female</th>
<th>Race:</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Other</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City/Zip</th>
<th>Oakland</th>
<th>Home Phone</th>
<th>Work Phone</th>
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**Complete this Portion if Complainant is a Minor or if Assisted by an Attorney**

<table>
<thead>
<tr>
<th>LAST Name, First, Middle</th>
<th>Relationship to Complainant</th>
<th>Address</th>
<th>City/Zip</th>
<th>Oakland</th>
<th>Home Phone</th>
<th>Work Phone</th>
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<tr>
<th>Location of Occurrence</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>AM</th>
<th>PM</th>
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**Identity of Involved Personnel**

<table>
<thead>
<tr>
<th>Badge No.</th>
<th>Name / Vehicle No., etc.</th>
<th>Officer</th>
<th>Ranger</th>
<th>Jailer</th>
<th>Civilian</th>
<th>Sex</th>
<th>Race</th>
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**Brief Narrative Using Own Words. (If you need more space, use an additional sheet of paper. Any questions, call the Internal Affairs Division at 510 238-3161 or the Citizens’ Police Review Board at 510 238-3159.)**

**Were you Injured?**
- [ ] No
- [ ] Yes (Describe)

**What would you like as a result of this complaint?**

<table>
<thead>
<tr>
<th>Witness Name (LAST, First, Middle)</th>
<th>Address</th>
<th>City/Zip</th>
<th>Phone (Include Area Code)</th>
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I have read and understood this statement, which I have made of my own free will, and the facts contained therein are true and correct to the best of my knowledge.

**Complainant’s Signature**

**Date**

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**Check all Categories that Apply:**
- [ ] Force
- [ ] Conduct
- [ ] Untruthfulness
- [ ] Procedure
- [ ] Bias/Discrimination

**Other**

**Complaint Received by**
- [ ] Walk-in
- [ ] Mail
- [ ] Fax

**Intake Officer/Personnel**
- [ ] IAD
- [ ] CPRB

**Date Received**