POLICY COMPLAINT FORM

Police Review Commission
1947 Center Street, 3rd Floor, Berkeley, CA 94704
Website: http://www.ci.berkeley.ca.us/prc
E-mail: prc@ci.berkeley.ca.us
Phone: (510) 981-4950  TDD: (510) 981-6903  Fax: (510) 981-4955  PRC POLICY CASE #: ______

1

Name of Complainant: ________________________________

Home Address: ____________________________

Home Phone: (____)__________________________ Alt. Phone: (____)__________________________

E-mail address: ______________________________

Occupation ____________________  Gender: ____________  Date of Birth: ____________

Ethnicity: □ Asian  □ Hispanic  □ Black  □ Multiethnic: ______________

□ Caucasian  □ Other: ______________

2

Please identify the Berkeley Police Department (BPD) policy or practice you consider to be improper or would like the Commission to review.

____________________________________________________________________________________________

____________________________________________________________________________________________

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____________________________________________________________________________________________

____________________________________________________________________________________________

3

Please provide a factual description of the incident that forms the basis of your complaint. Please be specific, and include the date, time, place, what transpired, and how the incident ended.

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____________________________________________________________________________________________
4 What changes to BPD policy, practice, or procedure would you propose?

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5 Is there any additional information you can provide the PRC about your complaint?

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6 VERIFICATION

I hereby certify that, to the best of my knowledge, the statements made herein are true.

______________________________________________  ________________________
Signature of Complainant                        Date signed

7 How did you hear about Berkeley’s Police Review Commission?

☐ Internet

☐ Publication: ____________________________

☐ Referral: _____________________________

☐ Other: ________________________________

For Office Use Only

Complaint Received By:

_____________________________________

4/21/10