

UC Berkeley Police Accountability Board Complaint Submission Form

This form is intended for use by those who wish to file a misconduct complaint against a sworn officer of the UC Berkeley Police Department (UCPD) for potential formal investigation of the matter. Investigations are overseen by the Office for the Prevention of Harassment and Discrimination at UC Berkeley.

You have the right to make a complaint against a police officer for police conduct you feel is improper. California law requires a procedure to investigate complaints against police. You have a right to a written description of this procedure. Complaints and any reports or findings relating to complaints are retained by the Office for the Prevention of Harassment and Discrimination for at least five years. Not all complaints lead to a formal investigation, but all are reviewed. Anonymous complaints may require more information to be adequately reviewed and investigated.

If you are not such a complainant or do not seek formal investigation, you may instead want to fill out the PAB's Feedback/Suggestion Form, available on the PAB website (https://chancellor.berkeley.edu/police-accountability-board).

| 1. \ | What ty | ype of incident was it? (Check all that apply) | | | |
|---|---|---|--|--|--|
| | Discourtesy (abusive or obscene language, failure to provide information, failure to respon | | | | |
| | | Dishonesty | | | |
| | | Discrimination (prejudicial treatment based on disability, gender, nationality, race or ethnicity, and/or religion, housing status) | | | |
| | | Harassment (consistent, deliberate annoyance through repeated contacts) | | | |
| Improper arrest, citation, or detention | | | | | |
| Improper Police Procedures (damage to, confiscation of, or failure to return proper identify oneself or no badge visible, and/or making false statements) | | | | | |
| | | Improper Police Tow | | | |
| Improper Search (of home, person, or vehicle) | | Improper Search (of home, person, or vehicle) | | | |
| Improper Se | | Improper Seizure (of person, property, or vehicle) | | | |
| Improper Use of Force (improper physical contact; use of pepper spray, etc.); unnecessary display of firearm | | Improper Use of Force (improper physical contact; use of baton, firearm, handcuffs, mace, pepper spray, etc.); unnecessary display of firearm | | | |
| Inadequate or Improper Investigation (Failure to investigate or make improper police report) | | Inadequate or Improper Investigation (Failure to investigate or make police report; false or improper police report) | | | |
| | | Other (unsure) | | | |
| 2. | On what date did the incident occur (if known)? | | | | |
| 3. | Where did the incident occur? | | | | |
| 4. | Name of UCPD officer (if known): | | | | |
| 5. | Gender of UCPD officer (if known): | | | | |
| 6. | Officer's badge information (if known): | | | | |
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| Any other information that could identify the officer (optional): | | | | | |
|---|---|--|--|--|--|
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| (| Please describe the incident that forms the basis of your complaint. It is important that you includ detailed factual description of the events that gave rise to your complaint. In your description of ncident, please avoid including confidential medical, mental health or disability information: | | | | |
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| 9. | If anyone witnessed the incident, you can provide names and contact information for them here: | | | | | | |
|-----|--|---|--|--|--|--|--|
| | Witness #1 | Name: | | | | | |
| | | Email: | | | | | |
| | | Phone: | | | | | |
| | | Address: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Witness #2 | Name: | | | | | |
| | | Email: | | | | | |
| | | Phone: | | | | | |
| | | Address: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Witness #3 | Name: | | | | | |
| | | Email: | | | | | |
| | | Phone: | | | | | |
| | | Address: | | | | | |
| | | 71441 233. | | | | | |
| | | | | | | | |
| | If there were | more witnes | ses, you can use the back of this page or a separate sheet to identify them. | | | | |
| 10 | | | act information so we can get in touch with you. | | | | |
| 10. | Name: | - | ice information 30 we can get in touch with you. | | | | |
| | | | | | | | |
| | Phone number: | | | | | | |
| | Email: | | | | | | |
| | _ | | | | | | |
| D. | Truthfulness | | | | | | |
| | | By signing my name below, I am certifying that I understand the above information and the information I provided is true and correct to the best of my knowledge: | | | | | |
| | Signature: | | Date: | | | | |
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