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 type of incident was it? (Check all that apply)
   ___ Discourtesy (abusive or obscene language, failure to provide information, failure to respond)
   ___ 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 property; failure to identify oneself or no badge visible, and/or making false statements)
   ___ Improper Police Tow
   ___ Improper Search (of home, person, or vehicle)
   ___ Improper Seizure (of person, property, or vehicle)
   ___ 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 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): ____________________________________________________________
7. Any other information that could identify the officer (optional):

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8. Please describe the incident that forms the basis of your complaint. It is important that you include a detailed factual description of the events that gave rise to your complaint. In your description of the incident, please avoid including confidential medical, mental health or disability information:

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(You may continue describing the incident on the back of the second page of this form.)

If you have photos or other documents, you may submit them along with this form.
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: ____________________________

If there were more witnesses, you can use the back of this page or a separate sheet to identify them.

10. Please provide your contact information so we can get in touch with you.

Name: ____________________________
Phone number: ____________________________
Email: ____________________________
Mailing address: ____________________________

**D. Truthfulness certification (required):**

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: ____________________________