Office of the
INDEPENDENT
POLICE AUDITOR

BAY AREA RAPID TRANSIT DISTRICT

COMPLAINT FORM

Office of the Independent Police Auditor
300 Lakeside Drive, 14th Floor, Oakland, CA 94612
P.O. Box 12688, Oakland, CA 94604-2688
Phone: (510) 874-7477 Fax: (510) 874-7475
oipa@bart.gov www.bart.gov/policeauditor

Date Received: _____ OIPA CASE #: _____

1 About You

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Primary Phone: ( ) _____ Alt. Phone: ( ) _____

Best time to contact you: _____ E-mail Address: _____

Gender: _____ Age: _____

Ethnicity: ☐ Asian ☐ Black/African American ☐ Caucasian
☐ Hispanic/Latino ☐ Multiethnic: _____ ☐ Other: _____

Are you: ☐ a Victim, ☐ a Witness, or ☐ a Reporting Party who was not involved in this incident

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: _____

_____

3 VICTIM / WITNESS INFORMATION

Name	Victim / Witness (choose one)	Address	Phone Number

4

INVOLVED POLICE OFFICER INFORMATION				
Badge #	Name	Sex	Race	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 detail 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

CERTIFICATION

I hereby certify that, to the best of my knowledge, all of the information included on this complaint form is true.

_____ _____

Signature of Complainant Date