



Office of the  
**INDEPENDENT  
POLICE AUDITOR**

BAY AREA RAPID TRANSIT DISTRICT

OIPA USE ONLY

Date Received: \_\_\_\_\_

# COMPLAINT FORM

**Office of the Independent Police Auditor**

2150 Webster Street, 4th 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

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.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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