



Office of the
**INDEPENDENT
POLICE AUDITOR**

BAY AREA RAPID TRANSIT DISTRICT

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

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.

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