

**COUNTY OF**



**ALLEGHENY**

**Official Use Only**

Date/Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

CPC#: \_\_\_\_\_

Assigned to: \_\_\_\_\_

**Independent Police Review Board Complaint Form**

Please NOTE: Complaints only accepted regarding County Police Officers

**COMPLAINANT INFORMATION**

**Complaints may be submitted on behalf of another person but may not be submitted anonymously. If you do not provide your name and contact information, it will not be possible to investigate the complaint. If you file a complaint, it is unlawful and against County Police policies for anyone to retaliate against you for the filing of this complaint.**

**Please be advised that any item marked with an asterisk (\*) is required for any complaint.**

\*NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

\*ADDRESS: \_\_\_\_\_  
(STREET NAME AND NUMBER)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

DATE OF BIRTH: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_

\*TELEPHONE # 1: \_\_\_\_\_ (HOME/CELL/WORK)

TELEPHONE # 2: \_\_\_\_\_ (HOME/CELL/WORK)

EMAIL: \_\_\_\_\_

\*Date and Time of Incident (estimate if unknown):

\_\_\_\_\_

Address where incident happened:

\_\_\_\_\_

Names and Badge Numbers of Officer(s) (if known):

\_\_\_\_\_

\*Were you arrested? Yes  No

If yes, for what reason? \_\_\_\_\_

\*Did you require medical attention? Yes  No

If yes, what medical facility? \_\_\_\_\_

\*Are you submitting this form for someone else? Yes  No

If yes, name of the person you are submitting this form for:

\_\_\_\_\_

Phone: \_\_\_\_\_

Additional Witness:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you be interested in mediation to resolve this complaint? Yes  No

Did you witness this incident? Yes  No

**OPTIONAL DEMOGRAPHIC INFORMATION:** The Allegheny County Independent Police Review Board is requesting the following information for statistical purposes. It is optional to answer these demographic questions. We value your participation as it helps our board track any biases or trends within the Allegheny County Police Department.

LANGUAGE: Do you speak and understand English?    Yes     No

GENDER/SEX: Male     Female     Transgender     Other: \_\_\_\_\_

SEXUAL ORIENTATION:    Heterosexual     Homosexual     Bisexual   
Asexual     Other: \_\_\_\_\_

RACE:    African-American     Native American     Hispanic   
Caucasian     Asian     Other: \_\_\_\_\_

ETHNICITY:    Hispanic     Non-Hispanic

DISABILITY: Do you have a physical or mental disability?    Yes     No

Are you currently homeless?    Yes     No

Were you homeless at the time of the incident?    Yes     No

Is English your primary language?    Yes     No



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**The information provided in this statement is true and factual to the best of my knowledge. I understand that any person who knowingly makes a false statement, report or complaint in the course of an investigation or any proceeding conducted under County Ordinance 06-21-OR is subject to the same penalties as provided in under 18 Pa. CSA § 4904. I understand that I may be required to appear at the Allegheny County Independent Police Review Board for an interview or to provide other assistance, as necessary. I understand that if I file a complaint, it is unlawful and against ACPD policies for anyone to retaliate against me for the filing of this complaint.**

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Complainant's Signature

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Date