| GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF POLICE COMPLAINTS 1400 I Street, NW, Suite 700 Washington, DC 20005 Tel: (202) 727-3838 Fax: (202) 727-9182 24-Hour Toll-Free Hotline: (866) 588-0569 www.policecomplaints.dc.gov COMPLAINT FORM | | | | | OPC Control Number To Be Completed by OPC Staff Date & Time Complaint Received To Be Completed by OPC Staff Received By: In Person Fax E-mail U.S. Mail MPD Other Specify: To Be Completed by OPC Staff | |
|---|---|-------|-----|----------|--|--|
| Please Specify: 5. Complainant's Name – Last, First, Middle | 6. Date of Birth | 7. Ag | e 8 | . Gender | 9. Race, Ethnicity or N.O. | |
| 10. Home Address | | | | - | ne Number | |
| 12. Work Address | 13. Occupation 14. Work Telephone Number | | | | | |
| 15. Other Means of Contacting Complainant (cell phone, page, e-mail, friend, etc.) 16. General Nature of Incident | | | | | | |
| 17. Location of Incident | 18. D.C. Ward (where incident occurred) | | | | | |
| 19a. Day of Week 19b. Date of Incident 19c. Time of Incident Incident Occurred 19b. Date of Incident 19c. Time of Incident | 20. Witnesses | | | | | |
| 21. Officers Involved (name, badge number, police district, if known) 22. Police Vehicle No. / De | | | | | ce Vehicle No. / Description | |
| 23. Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.) | | | | | | |
| 24a. Describe Injuries (<i>if any</i>) | 24b. Where Treated (name of hospital, doctor, etc.) | | | | | |
| 25. Preferred Language of Communication (if other than English) | | | | | | |
| 26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (<i>including other police officers</i>) | | | | | | |

| Form OPC-1 (Reverse Side) (revised July 2008) Complainant's Name – Last, First, Middle | | OPC Control Number | | | |
|--|---------|------------------------------|--|--|--|
| Complainant's Name – Last, First, Middle | | | | | |
| | | To Be Completed by OPC Staff | | | |
| 27. Describe the Incident: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| | | | | | |
| Attach Additional Pages if Necessary | Page of | | | | |
| 28. Complainant's Certification | | | | | |
| I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true. | | | | | |
| - nerveg evening matter are best of my monitorized, and and er penalty of perjury, the statements made nerem are trace | | | | | |
| | | . | | | |
| Complainant's Signature | Da | te | | | |