

COMPLAINT FORM

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

dcpolice.complaintsoffice@dc.gov

To Be Completed by MPD Staff

Name | Rank | CAD No.

Incident Summary (IS) Number

Date & Time Complaint Received

To Be Completed by OPC Staff

OPC Control Number

Date & Time Complaint Received

Received: In Person | Fax | E-mail | U.S. Mail | MPD | Other (please specify below):

How Did You Hear About OPC (please specify):

Complainant's Name – Last, First, Middle

Date of Birth

Gender

Race or Ethnicity

Home Address

Home Telephone Number

Email Address

Cell Number

Alternate Contact Information

Date of Incident

Location of Incident

Time of Incident

Day of Week Incident Occurred

Police Vehicle No. / Description

Officers Involved (*name, badge number, police district, if known*)

Physical Description of Officer(s) (*hair and eye color, height, sex, race/ethnicity, etc.*)

Describe Injuries (*if any*)

Where Treated (*name of hospital, doctor, etc.*)

Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (*including other police officers*)

Preferred Language of Communication (*if other than English*)

