

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

1. OPC Control Number

To Be Completed by OPC Staff

2. Date & Time Complaint Received

To Be Completed by OPC Staff

3. Received By:

In Person | Fax | E-mail | U.S. Mail

MPD | Other Specify:

To Be Completed by OPC Staff

4. How Did You Hear About OPC:

Please Specify:

5. Complainant's Name – Last, First, Middle

6. Date of Birth

7. Age

8. Gender

9. Race, Ethnicity or N.O.

10. Home Address

11. Home Telephone 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 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. / Description

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

24a. Describe Injuries (*if any*)

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 (*including other police officers*)

