**UNIVERSITY OF CALIFORNIA POLICE DEPARTMENT**  
**BERKELEY**  
**CITIZEN’S COMPLAINT**

INCIDENT DATE: ___________________________  
TIME: _______________

INCIDENT LOCATION: __________________________________________________________

OFFICER(S)/EMPLOYEE(S) INVOLVED: ___________________________________________
__________________________________________________________________________
__________________________________________________________________________

WITNESSES / OTHERS INVOLVED:

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<th>NAME</th>
<th>CONTACT INFO</th>
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SPECIFIC TYPE OF ALLEGATION(S):  
(Describe the incident in detail on attached pages)

- [ ] Unprofessional conduct  
- [ ] Unreasonable use of force  
- [ ] Property damage or loss  
- [ ] Discrimination  
- [ ] Dishonesty  
- [ ] False detention or arrest  
- [ ] Other (describe): ______________________________________________________

INSTRUCTIONS: Complete, sign and return this form and attach a statement describing the details of the incident to UCPD (Room 1 Sproul Hall, UC Berkeley) within ten (10) days of receipt. Failure to return your statement and forms in a timely manner may adversely affect consideration of your complaint. Please refer to the UCPD “Complaint Process Guide” pamphlet or [http://police.berkeley.edu](http://police.berkeley.edu) for more information about complaint procedures and options.

CONTACT INFORMATION AND CERTIFICATION (Required):

| NAME (Print): ______________________________ | TELEPHONE: ______________ |
| MAILING ADDRESS: __________________________________________________________ |

With my signature I hereby certify that my description of this incident as submitted is true, accurate and complete. I understand I am submitting a formal complaint and I agree to be interviewed and to cooperate with UCPD personnel assigned to investigate this report.

SIGNED: ___________________________  
DATE: _______________

CC 05/06
NAME (Print): _______________________________  TELEPHONE: __________________

MAILING ADDRESS: __________________________________________________________

INSTRUCTIONS: In the space below, please describe in detail the incident about which you wish to complain. Be specific about persons involved and their actions. Use as many copies of this form as needed (or plain paper) and sign, date and number each page. Attach and return this statement to UCPD with your “Citizen’s Complaint” form within ten (10) days. Please refer to the UCPD “Complaint Process Guide” pamphlet or http://police.berkeley.edu for more information about complaint procedures and options.

STATEMENT:

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SIGNED: ___________________________  DATE: __________________

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