



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

INCIDENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

OFFICER(S)/EMPLOYEE(S) INVOLVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES / OTHERS INVOLVED:**

NAME: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

**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> 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: \_\_\_\_\_

