



# Office of the Independent Police Auditor

## COMPLAINT FORM

\*Let us know if you need help completing the form. It is also available in **Spanish** and **Vietnamese**.\*

**Thank you for coming to us with your concerns about the police. We take our mandate to provide civilian oversight of the San José Police Department very seriously, so your concern is important to us.**

**Please complete this form and return it to the IPA office. We will contact you if we have any questions. Similarly, Internal Affairs may also contact you.**

Note: The misconduct complaint process is separate and distinct from the criminal process. If you have criminal charges pending, the IPA recommends you consult with an attorney before giving the IPA a statement related to your pending criminal case.

### YOUR CONTACT INFORMATION

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Mailing Address (if different from above) City State Zip

If you prefer email over postal mail, please provide your email address: \_\_\_\_\_

\_\_\_\_\_  
Best phone  Cell  Home  Other  Cell  Home  Other  
Alternate phone

If you need an interpreter, for what language? \_\_\_\_\_

\_\_\_\_\_  
Date of Birth Race/ Ethnicity Gender How did you hear about the Office of the Independent Police Auditor?

### INFORMATION ABOUT THE INCIDENT

\_\_\_\_\_  
Date of Incident \_\_\_\_\_  A.M.  P.M. \_\_\_\_\_  
Time of Incident Location of Incident

Police Report Number or Citation Number (if known): \_\_\_\_\_

Description of Officer/s Involved, including Name/s and/or Badge Number/s (if known):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**If you know of anyone who witnessed what happened, please provide his/her contact information. S/he may assist in ensuring your complaint is thoroughly investigated.**

Witness Name/s, Address/es, Phone Number/s (if known):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**This form continues on the next page.**

