

**OFFICE OF CIVIL RIGHTS AND
WAGE ENFORCEMENT**
7 E. Redwood Street, 9th FL
Baltimore, MD 21202
P. 410-396-3151



IAD Number: _____
CRB Number: _____
Received Date: _____
Complaint Rec'd by: _____

**BALTIMORE CITY CIVILIAN REVIEW BOARD
COMPLAINT FORM**

Today's Date: ___ / ___ / ___

TYPE OF COMPLAINT	<input type="checkbox"/> False Arrest	<input type="checkbox"/> False Imprisonment	<input type="checkbox"/> Harassment
	<input type="checkbox"/> Abusive Language	<input type="checkbox"/> Excessive Force	
COMPLAINT FILED AT	<input type="checkbox"/> Office of Civil Rights & Wage Enforcement / Civilian Review Board	<input type="checkbox"/> Legal Aid Bureau	<input type="checkbox"/> District Station (Name) _____
	<input type="checkbox"/> Internal Affairs Division	<input type="checkbox"/> Maryland Commission on Civil Rights	<input type="checkbox"/> Other _____

ARE YOU INTERESTED IN LEARNING ABOUT MEDIATING THIS COMPLAINT? YES NO MAYBE

PERSON MAKING COMPLAINT / INCIDENT INFORMATION NOTE: PLEASE PRINT CLEARLY

Complainant's Name (First, MI, Last)		Home Address		City	State	Zip
Age	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy	Cell #1	E-mail	
				Phone #2		
Name of Alleged Victim <small>(If different from above)</small>			Date / Time of Incident	Location of Incident		
Witness or Reference Name (First, MI, Last)		Full Street Address			Phone	

OFFICER ACCUSED OF MISCONDUCT	Officer(s) Name (First, MI, Last)		
	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	Badge # Rank

NARRATIVE STATEMENT

Write everything that happened exactly as it happened and do not leave anything out of your statement.

NOTE: PLEASE PRINT CLEARLY | USE SECOND PAGE IF NECESSARY

I understand that this statement of complaint will be submitted to the Baltimore Police Department/Civilian Review Board and will be the basis for an investigation. Further, I sincerely and truly declare and affirm, under penalties of perjury, that the facts contained in my Complaint Statement are true to the best of my knowledge and belief. In addition, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

Complainant's Signature

Date of Complaint

Notary Signature _____
Notary (Seal)
My commission Expires: _____

