

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 OFFICE OF CITIZEN COMPLAINT REVIEW  
 730 11<sup>th</sup> Street, N.W., Suite 600  
 Washington, D.C. 20001  
 (202) 727-3838

## CITIZEN COMPLAINT FORM

1. OCCR Control Number

*To Be Completed by Staff Only*

2. Day, Date &amp; Time Complaint Received

*To Be Completed by Staff Only*

3. MPD Control System Number

*To Be Completed by Staff Only*

4. How Complaint Was Received:

*To Be Completed by OCCR Staff*

In Person    Phone    Mail    MPD    Other    Specify: \_\_\_\_\_

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

6. Date of Birth

7. Sex

8. Race or National Origin

9. Home Address

10. Home Telephone Number

11. Work Address

12. Work Telephone Number

13. Other Means of Contacting Complainant (*cell phone or pager number, e-mail address, friend, etc.*)

14. General Nature of Incident

15. Location of Incident

16. Day, Date and Time of Incident

17. Police Car or Tag Number, Police Report Number, Arrest Number (*if known*)18. Name and Badge Number of Officer(s) Involved (*if known*)19. District/Unit of Officer(s) Involved (*if known*)20. Physical Description(s) of Officer(s) (*hair and eye color, height, etc.*)21. Describe Injuries (*if any*)22. Where Treated (*name of hospital, doctor, etc.*)23. Preferred Language of Communication (*if other than English*)

24. Name(s), Telephone Number(s) or Contact Information of other people present during the incident, including other police officers

***Continue on Reverse Side***

