

COMPLAINT FORM

Phone: 512.974.9090

OFFICE OF THE POLICE MONITOR

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Physical Address:

1520 Rutherford Lane, Bldg. 1, Ste. 211

Austin, TX 78754

Mailing Address:

P.O. Box 1088

Austin, TX 78767

To initiate an Administrative Complaint against an Austin Police Officer, please complete this form and submit it to the Office of the Police Monitor (OPM) via fax, email or in person. You may also call the OPM directly. Upon receipt of your complaint, an OPM staff person will make contact with you to gather additional information from you, explain the complaint process, answer your questions and file your complaint if you choose to do so.

Today's Date: \_\_\_\_\_ IAD Case #: \_\_\_\_\_ (to be completed by OPM Staff)

COMPLAINANT INFORMATION

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

INCIDENT

Where did the incident occur? \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Day or Night? \_\_\_\_\_ Report/Case #: \_\_\_\_\_

HOW DID YOU LEARN OF THIS INCIDENT? Please circle your reply.

Are you the subject of the police contact? Yes. No. I am an eye witness. No. I learned about it via social media.

Were you arrested? Yes. No. N/A. Did you receive a Citation? Yes. Citation #: \_\_\_\_\_ No. N/A.

Was the incident audio/video recorded? Yes. I saw it on: \_\_\_\_\_ No. I don't know.

If you are filing a complaint on behalf of someone else, what is your relationship to the person?

Parent. Spouse. Significant Other. Relative. Legal Guardian. Child. Friend. Concerned Citizen.

DEMOGRAPHIC DATA The information in this section is optional. The Office of the Police Monitor collects this data to help us determine who is having contact with the Austin Police Department. Please complete this section.

HOW DO YOU IDENTIFY YOUR GENDER?

Male

Female

Transgender Male. Preferred Name: \_\_\_\_\_

Transgender Female. Preferred Name: \_\_\_\_\_

HOW DO YOU IDENTIFY YOUR RACE/ETHNICITY?

Caucasian

Hispanic/Latino

Black/African American

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Asian

Middle Eastern

Other \_\_\_\_\_

**OFFICER INFORMATION** Please provide as much information as you can recall about the officer(s).

How many officers were on scene? \_\_\_\_\_ Did you call for the police? Yes. No.

1. Officer's Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Car #: \_\_\_\_\_

Officer was: *Male. Female.* Officer appeared to be : *Black. White. Hispanic. Asian. Other.* How Tall? \_\_\_\_\_

Other physical characteristics? *Visible Tattoos, Hair Color, Eye Color, Spoke with an Accent, Facial Hair, Wore a Hat?* \_\_\_\_\_

2. Officer's Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Car #: \_\_\_\_\_

Officer was: *Male. Female.* Officer appeared to be : *Black. White. Hispanic. Asian. Other.* How Tall? \_\_\_\_\_

Other physical characteristics? *Visible Tattoos, Hair Color, Eye Color, Spoke with an Accent, Facial Hair, Wore a Hat?* \_\_\_\_\_

**Please provide a brief description of what occurred. Our staff will reach out to you to gather additional information as needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your complaint about the officer(s)? What did the officer do, or not do, that you think is a policy violation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like to see happen as a result of reaching out to the Office of the Police Monitor?**

\_\_\_\_\_  
\_\_\_\_\_

Do you want to Speak to a Supervisor? Yes. No. *I just want to report the incident. Unsure. I'd like more information.*

Do you want to file a Formal Complaint with the Internal Affairs Division? Yes. No. *Unsure. I'd like more information.*

Do you have a criminal case pending as a result of this police contact? Yes. No.

Do you have an attorney? Yes. Name of Attorney: \_\_\_\_\_ No.

Did you sustain any injuries? Yes. No. *Do you have photos of your Injuries? Yes. No.*

Type of Injury? \_\_\_\_\_

Are you alleging the officer used force on you? Yes. Explain: \_\_\_\_\_ No.

Are you alleging bias-based or racial profiling? Yes. Explain: \_\_\_\_\_ No.

**REVIEW AND SIGN.** Please review the information on this Complaint Form before signing it. Please be sure that the information you provided is true to the best of your knowledge. Most interactions with the Austin Police Department are captured by the officer's audio and video and will be reviewed as part of the Administrative Complaint Process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_