

CITY OF SAN DIEGO



COMPLAINT FORM

The Citizens' Review Board on Police Practices (CRB) encourages any person(s) who believe that they have experienced or observed police misconduct to file a complaint with the San Diego Police Department (SDPD) and/or with the CRB. The CRB recognizes that completing and submitting the Complaint Form may be intimidating and stressful. The CRB wishes to assure complainants and witnesses that they will be able to do so without fear of retaliation or adverse consequences.

The CRB takes all complaints seriously, but only reviews complaints containing one or more of the following serious allegations: (1) False Arrest – an officer allegedly knew, or should have known, that there was insufficient probable cause for an arrest or conducted a bad faith Fourth Amendment searches; (2) Criminal Conduct – an alleged violation of Federal, State, County, or Municipal law; (3) Discrimination – alleged unequal treatment due to a person's gender (including gender identity and gender expression), race, color, national origin, ancestry, religion, physical or mental disability, medical condition (including cancer, HIV, and AIDS), age, political beliefs or affiliation, marital status, sexual orientation, lifestyle, or similar personal characteristics; (4) Slur – an allegation of a derogatory term that a reasonable person would recognize as an inherent insult or degradation of another (based upon the same characteristics as listed for Discrimination); and (5) Force – an allegation that more force was used than reasonably necessary. If one of these serious violations is alleged, the CRB will also review less serious allegations, including poor service, discourtesy, failure to follow SDPD procedures, and conduct unbecoming an officer.

The CRB's primary goal is to ensure complaints against SDPD officers are investigated thoroughly, completely and fairly, giving equal consideration to citizens and officers alike. The CRB also reviews all officer involved shootings at a person and in-custody deaths. The CRB is also tasked with reviewing and evaluating the administration of discipline arising from sustained allegations. Subsequent to the review and evaluation process, the CRB may recommend improvements in policy, procedures or training of police officers to the Mayor and/or Chief of Police.

Please note: The complaint form must be signed by the complainant himself/herself.

The completed Complaint Form may be submitted in person or by mail to:

**Citizens' Review Board on Police Practices
1010 Second Avenue, Suite 1325
San Diego, CA 92101**

Copies of the Complaint Form may also be downloaded from the CRB's website:
<http://www.sandiego.gov/citizensreviewboard> . This form may also be submitted by e-mail to
citizensreviewboard@sandiego.gov

CITY OF SAN DIEGO
CITIZENS' REVIEW BOARD ON POLICE PRACTICES

OFFICE USE ONLY

CRB Case#: _____

I.A. Case #: _____

COMPLAINT FORM

INSTRUCTIONS FOR COMPLETING COMPLAINT FORM:

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. What aspect(s) of the incident was improper (your specific complaint). How could it be resolved to your satisfaction?

COMPLAINANT NAME _____ HOME PHONE () _____

ADDRESS _____ BUS. PHONE () _____

CITY _____ STATE _____ ZIP _____ DOB _____

Optional Information:

The following information is being collected for CRB statistical purposes and is entirely optional. The completion or not of this information will not in any way affect the outcome of the investigation.

Gender/ Gender Identity/Gender Expression _____ Race/Ethnicity _____

INCIDENT LOCATION:

_____ DATE _____ TIME _____

SDPD PERSONNEL INVOLVED:

NAME: _____ Gender: _____ Race: _____ Badge #: _____ ID # _____

NAME: _____ Gender: _____ Race: _____ Badge #: _____ ID # _____

NAME: _____ Gender: _____ Race: _____ Badge #: _____ ID # _____

NAME: _____ Gender: _____ Race: _____ Badge #: _____ ID # _____

WITNESS (ES):

NAME _____ HOME PHONE () _____ BUS. PHONE () _____

ADDRESS _____ DOB _____

NAME _____ HOME PHONE () _____ BUS. PHONE () _____

ADDRESS _____ DOB _____

NAME _____ HOME PHONE () _____ BUS. PHONE () _____

ADDRESS _____ DOB _____

Please answer Yes/No: Did you include the following with this complaint? _____ Video(s) _____ Photo(s)

INCIDENT DESCRIPTION/COMPLAINT:

(USE BACK OF FORM IF MORE SPACE IS NEEDED)

