

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**OFFICE OF POLICE COMPLAINTS**  
**1400 I Street, NW, Suite 700**  
**Washington, DC 20005**  
**Tel: (202) 727-3838**  
**Fax: (202) 727-9182**  
**24-Hour Toll-Free Hotline: (866) 588-0569**  
**www.policecomplaints.dc.gov**

**COMPLAINT FORM**

1. OPC Control Number

*To Be Completed by OPC Staff*

2. Date & Time Complaint Received

*To Be Completed by OPC Staff*

3. MPD Control System Number

*To Be Completed by OPC Staff*

4. How Complaint Was Received (Please Circle): *To Be Completed by OPC Staff*

**In Person | Fax | E-mail | U.S. Mail | MPD | Other Specify:**

|   |                  |        |        |                            |
|---|------------------|--------|--------|----------------------------|
| 5. Complainant's Name – Last, First, Middle | 6. Date of Birth | 7. Age | 8. Sex | 9. Race, Ethnicity or N.O. |
|---|------------------|--------|--------|----------------------------|

|                  |                           |
|------------------|---------------------------|
| 10. Home Address | 11. Home Telephone Number |
|------------------|---------------------------|

|                  |                |                           |
|------------------|----------------|---------------------------|
| 12. Work Address | 13. Occupation | 14. Work Telephone Number |
|------------------|----------------|---------------------------|

|   |                                |
|---|--------------------------------|
| 15. Other Means of Contacting Complainant ( <i>cell phone, page, e-mail, friend, etc.</i> ) | 16. General Nature of Incident |
|---|--------------------------------|

|                          |  |
|--------------------------|--|
| 17. Location of Incident | 18. D.C. Ward ( <i>where incident occurred</i> ) |
|--------------------------|--|

|                                    |                       |                       |               |
|------------------------------------|-----------------------|-----------------------|---------------|
| 19a. Day of Week Incident Occurred | 19b. Date of Incident | 19c. Time of Incident | 20. Witnesses |
|------------------------------------|-----------------------|-----------------------|---------------|

|  |                                      |
|--|--------------------------------------|
| 21. Officers Involved ( <i>name, badge number, police district, if known</i> ) | 22. Police Vehicle No. / Description |
|--|--------------------------------------|

23. Physical Description of Officer(s) (*hair and eye color, height, sex, race/ethnicity, etc.*)

|  |  |
|--|--|
| 24a. Describe Injuries ( <i>if any</i> ) | 24b. Where Treated ( <i>name of hospital, doctor, etc.</i> ) |
|--|--|

25. Preferred Language of Communication (*if other than English*)

26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (*including other police officers*)

Complainant's Name – Last, First, Middle

OPC Control Number  
*To Be Completed by OPC Staff*

27. Describe the Incident:

Lined area for describing the incident.

Attach Additional Pages if Necessary Page of

**28. Complainant's Certification**

I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date