

GPD Complaint Form



Your Name

First:

Last:

Address

Street Address (Apt. #):

City:

State:

Zip Code:

Phone

Home:

Cell:

Work:

E-mail

Name and phone number of someone who can contact you if the City cannot reach you

First:

Last:

Phone:

Date, time and location of incident

Date:

Time (include am or pm):

Location:

Names of employees involved in incident or badge number(s) if known

Name(s) and phone number(s) of witness(es)

Reason for your complaint (select one):

- ~ Biased-based policing (race, color, religion, sex, handicap, familial status or national origin)
- ~ Use of excessive force
- ~ Rude or discourteous behavior
- ~ Other (explain)

Describe the incident using as much detail as possible (500 word maximum narrative):

By submitting this form, your complaint will be sent to PSD for investigation. Your complaint will also be sent to PCRB and kept on file until you receive a determination letter in the mail from PSD. **Learn more about the [PSD process and timeframes](#).**

If you are not satisfied with the outcome of PSD's investigation, you may request the PCRB review and assess the decision. **Learn more about the [PCR process and timeframes](#).**