



# CAMBRIDGE POLICE REVIEW & ADVISORY BOARD

## COMPLAINT FORM

51 Inman St., Cambridge, MA 02139

Phone: 617.349.6155 • Email: [prab@cambridgema.gov](mailto:prab@cambridgema.gov)

(PLEASE PRINT)

### Complainant (Your information)

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### Incident Information

Location: \_\_\_\_\_

Time & Date \_\_\_\_\_

Was force used?  Yes  No

Was abusive language used?  Yes  No

Were racial references made?  Yes  No

#### Did the police search:

You:  Yes  No      Vehicle:  Yes  No

Home:  Yes  No      A Person:  Yes  No

Other: \_\_\_\_\_  Yes  No

Were you injured?  Yes  No

Describe your injury: \_\_\_\_\_

Did you receive medical attention?  Yes  No

By whom? \_\_\_\_\_

Where? \_\_\_\_\_

### Which Cambridge Police officers or staff do you want to make a complaint about?

1. Name, Rank, and/or Badge # \_\_\_\_\_

\_\_\_\_\_

2. Name, Rank, and/or Badge # \_\_\_\_\_

\_\_\_\_\_

3. Name, Rank, and/or Badge # \_\_\_\_\_

\_\_\_\_\_

### Witness #1

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Witness #2

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Optional: Your demographic information

#### Race (optional, check all that apply)

Asian/East Indian       Black/African American

Hawaiian/Pacific Islander       Native American/Alaskan

White/Caucasian

Prefer to Self-describe: \_\_\_\_\_

#### Ethnicity (optional)

Hispanic or Latino

Not Hispanic or Latino

#### Gender Identity (optional)

Female       Male

Non-binary

Prefer to Self-describe: \_\_\_\_\_

