

CAMBRIDGE POLICE REVIEW & ADVISORY BOARD

COMPLAINT FORM

51 Inman St., Cambridge, MA 02139Phone: 617.349.6155 • Email: <u>prab@cambridgema.gov</u>

(PLEASE PRINT)

Complainant (Your information)	Which Cambridge Police officers or staff do
Name	you want to make a complaint about?
Street	1. Name, Rank, and/or Badge #
City/State/Zip	
Telephone ()	2. Name, Rank, and/or Badge #
Email	
Incident Information	
Location:	3. Name, Rank, and/or Badge #
Time & Date	
Was force used? □ Yes □ No	
Was abusive language used? ☐ Yes ☐ No	
Were racial references made? ☐ Yes ☐ No	Witness #1
Did the police search:	Name
You: ☐ Yes ☐ No Vehicle: ☐ Yes ☐ No	Street Address
Home: ☐ Yes ☐ No A Person: ☐ Yes ☐ No	City/State/Zip
Other:	Telephone (
Were you injured? ☐ Yes ☐ No	Witness #2
Describe your injury:	Name
Did you receive medical attention? ☐ Yes ☐ No	Street Address
By whom?	City/State/Zip
Where?	Telephone (
Optional:Your demographic information	
Race (optional, check all that apply) ☐ Asian/East Indian ☐ Black/African American	Ethnicity (optional) ☐ Hispanic or Latino ☐ Not Hispanic or Latino
☐ Hawaiian/Pacific Islander ☐ Native American/Alaskan☐ White/Caucasian	Gender Identity (optional) ☐ Female ☐ Male ☐ Non-binary
☐ Prefer to Self-describe:	☐ Prefer to Self-describe:

Complaint details

Please sign this complaint form below after describing your complaint in detail. Include releva dates, places, etc.; indicate particularly what action you have taken to resolve this matter and the	
Be sure to attach any documents to support the facts described in this complaint.	
Please check this box if your statement is attached: \square	
	_
I state and affirm that the above/attached is true and accurate to the best of my knowledge.	_
Signed: Date:	
Optional: How did you hear about us?	