

## COMPLAINT FORM

Please fill out this form to the best of your ability. **Print clearly.** All complaints will be fully investigated by the Public Safety Accountability Unit (PSAU). Complaints will be investigated by the PSAU whether they are signed or unsigned by the complainant. **Questions?** Contact the PSAU at [psau@jh.edu](mailto:psau@jh.edu) or visit us at <https://publicsafety.jhu.edu/about-public-safety/public-safety-accountability-unit/>

### I. TELL US ABOUT THE PERSON COMPLETING THIS FORM

Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, which language?)						¿Necesita usted un intérprete de español? <input type="checkbox"/> Sí <input type="checkbox"/> No	
1. Name (First, Middle Initial, Last)  <input type="checkbox"/> Anonymous/I do not want to share personal info.		2. Home Address:		3. Date of Birth	4. Age	5. Race/Ethnicity	6. Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Preferred Pronouns	8. Contact Phone Number:		9. Preferred Mode of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Phone			10. Email Address:	
11. Location of Incident:			12. Incident Date:		13. Incident Time:		14. Was there an arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Was a ticket or summons issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Ticket/Summons/Case #		17. Was there an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe the injury and any medical care received in your statement on Page 2.</i>			
18. Was a Report Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. Report Number:		20. Was an Arrest Made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>If the victim or involved member of the public is different from the person making this complaint, please provide as much information as you are able to about them in the statement.</b> <b>If you have any information about witnesses (ex. Name, address, contact number, email address), please provide it in the statement.</b>							

### II. TELL US ABOUT THE OFFICER (To the best of your knowledge)

21. Officer's Name (First, MI, Last)	22. Badge # and/or identificación #:	23. Vehicle Number (if applicable):
24. Description of the Officer or additional details (for more space, continue in your statement on Page 2)		

**\*\* If multiple officers involved, please provide information in your statement.**

### III. TELL US ABOUT ANY WITNESSES (If more than one, provide additional information in your statement)

25. Witness's Name (First, MI, Last):	26. Home Address (if known):	27. Contact Phone Number (if known):
28. Other Contact Phone Number (if known):		29. Email Address:

### IV. STATEMENT

**\*See Reverse Side if More Space is Needed**

To the best of your ability, please write **what** happened, **when** it happened, **where** it happened, **who** was involved and **how** it happened. What is your primary complaint and what outcome do you want? Please provide as much information as you believe is important and that you think would assist in investigating your situation.

### TO BE COMPLETED BY PSAU OR JHPD PERSONNEL

PSAU or JHPD Member Who Received This Form:	Linked Report #:	PSAU Case #:
	Date Complaint Received	Time Complaint Received

**STATEMENT CONTINUED**

**V. SIGNATURE OF THE PERSON COMPLETING THIS FORM**

*I understand that this statement will be submitted to the PSAU and the Johns Hopkins Police Accountability Board and will be the basis for an investigation. The facts contained in my statement are true to the best of my knowledge and belief. In addition, I declare and affirm that my statement has been made by me voluntarily and without persuasion, coercion, or promise of any kind.*

<b>Print Name:</b> Enter text	<b>Signature:</b> 	<b>Date:</b> Enter text
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