

CITIZEN POLICE REVIEW BOARD

816 Fifth Avenue, Suite 400 Pittsburgh PA 15219 412-765-8023

www.cprbpgh.org

Internal use only
CPRB #:
Date:
Initials:

You do not have to use this form, but the CPRB does require a **SWORN** (**NOTARIZED**) **WRITTEN STATEMENT** to investigate a complaint. Your sworn statement will be held as confidential until such time as the CPRB orders a public hearing on your complaint. If the CPRB does not order a public hearing, your sworn statement will be preserved as a confidential matter.

If anyone attempts to pressure you to withdraw your CPRB complaint, please notify us at the number listed above.

Full Legal Name: Legal Address: Legal Relation to Victim? Yes No If Yes, please specify: Date of Birth: Mobile Phone: Preferred e-mail: Alternate Contact Name, Address, and Phone: Incident Date & Time: Incident Location: Description of Subject Officer(s) if Name/ID are unknown:	Contact Information		
Date of Birth: Mobile Phone: Alternate Contact Name, Address, and Phone: Incident Report Incident Date & Time: Incident Location: Incident Location: If Yes, please specify: Home Phone: Preferred e-mail: Name/ID of Subject Officer(s):	Full Legal Name:		
Date of Birth: Mobile Phone: Alternate Contact Name, Address, and Phone: Incident Report Incident Date & Time: Incident Location: Incident Location: If Yes, please specify: Home Phone: Preferred e-mail: Name/ID of Subject Officer(s):	Legal Address:		
Mobile Phone: Alternate Contact Name, Address, and Phone: Incident Report Incident Date & Time: Incident Location: Name/ID of Subject Officer(s):			
Alternate Contact Name, Address, and Phone: Incident Report	Date of Birth:	Home Phone:	
Incident Report Incident Date & Time: Incident Location: Name/ID of Subject Officer(s):	Mobile Phone:	Preferred e-mail:	
Incident Date & Time: Incident Location: Name/ID of Subject Officer(s):			
Incident Location:	Incident	Report	
	Incident Date & Time:	Name/ID of Subject Officer(s):	
Description of Subject Officer(s) if Name/ID are unknown:	Incident Location:		

Citizen Complaint 2 of 4

Please describe the incident. Add pages if necessary. You may also attach a notarized written statement instead of using this page.	
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Citizen Complaint 3 of 4

Injury Report		
Were you injured? Yes No		
If yes, describe your injury:		
Were you treated at a hospital? →	What hospital?	
Yes No No	D . 0 T'	
How did you get there?	Date & Time:	
Self Friend Police EMS Other	Physician/health care professional Name:	
Were you treated by a personal physician or health	Talystotals needed protessional relation	
care professional?	Phone:	
Yes No		
Will you authorize release of related medical	Are you under continuing care for this injury?	
records to the CPRB? Yes No Maybe	Yes No No	
Tes No Naybe		
Arrest Report		
	If yes, where were you taken?	
Were you arrested? Yes ☐ No ☐ →	ACJ SCI Other	
Arresting Officer's Name/ID (if known):	How long were you held?	
Charges filed against you:	Disposition of charges:	
	Withdrawn Held for trial	
Attorney's Contact information:	Dismissed Other	
	Plea taken	
	Date of next court event:	

Citizen Complaint 4 of 4

NOTE While the CPRB investigates allegations of misconduct against Pittsburgh police officers, the

Therefore, the CPRB and OMI often sha	I) investigates complaints against all City of Pittsburgh employees. are information while conducting separate investigations of the same ted form, the CPRB typically forwards a copy to OMI for that agency's the CPRB investigation.
Would you like CPRB to forward your c	complaint to OMI? Yes No
If you do not want the CPRB to forward	a copy of this form to OMI, please sign and date here:
(Name)	(Date)
	FORM OF AFFIDAVIT
Of	
County of	
Before me, the undersigned notary pu	ablic, personally appeared
to the CPRB Rules and Operating pro	uly sworn according to the law, doth depose and say that: "Pursuant occdures, §662.05(h)(5), I hereby certify that to the best of my perjury, the statements made herein are true."
`	Complainant's Signature; must be sworn/affirmed and signed in the resence of a notary public.)
Subscribed and sworn/affirmed to me thi	is
Day of	_, 20
(Notony Dublic's signature)	
(Notary Public's signature)	