



## CITIZEN POLICE REVIEW BOARD

816 Fifth Avenue, Suite 400

Pittsburgh PA 15219

412-765-8023

[www.cprbpgh.org](http://www.cprbpgh.org)



CPRB #:

Date:

Initials:

### QUESTIONNAIRE

**This form is optional and voluntary; you are not required to complete any part of it.** The information you provide here may help the CRPB to identify patterns of behavior which negatively affect community-police relations. Your case's investigative file **will not** include this form; it is **confidential** and will be used for statistical purposes only.

#### COMPLAINANT:

RACE	
GENDER	
AGE	
SEXUAL ORIENTATION	
MARITAL STATUS	
NATIONALITY (IF NOT U.S.)	
PHYSICAL/MENTAL DISABILITY	

#### SUBJECT OFFICER(S):

	SUBJECT OFFICER #1	SUBJECT OFFICER #2	SUBJECT OFFICER #3	SUBJECT OFFICER #4
RACE				
GENDER				

DO YOU BELIEVE THE OFFICER(S) DISCRIMINATED AGAINST YOU IN ANY WAY?

IF SO, HOW?

WHAT WOULD YOU LIKE TO SEE HAPPEN AS A RESULT OF YOUR COMPLAINT?