

CITIZEN POLICE REVIEW BOARD

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

www.cprbpgh.org

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.

Q 4 47	0 4	
Contact II	nformation	
Full Legal Name:	Victim Name and contact info, if different than	
	complainant:	
Legal Address:		
	Legal Delation to Victim? Voc. No.	
	Legal Relation to Victim? Yes No	
	If Yes, please specify:	
Date of Birth:	Social Security Number:	
Date of Birth.	50ciai Security Ivamoci.	
Preferred Phone:	Preferred e-mail:	
Freiened Filone.	Freieneu e-man.	
Alternate Contact Name, Address, and Phone:		
Atternate Contact Name, Address, and I none.		
Witness Name(s) and Contact Info:		
Incident Report		
Incident Date and Time:	Name/ID of Subject Officer(s):	
Incident Location:		
Description of Subject Officer(s) if Name/ID are unknown:		

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

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Injury Report		
Were you injured? Yes No		
If yes, describe your injury:		
Were you treated at a hospital? →	What hospital?	
Yes No	Date & Time:	
How did you get there? Self Friend Police EMS Other	Bute & Time.	
Were you treated by a personal physician or health	Physician/health care professional Name:	
care professional? → Yes □ No □	Phone:	
Will you authorize release of related medical	Are you under continuing care for this injury?	
records to the CPRB?	Yes No No	
Yes No Maybe		
Arres	st 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	Withdrawn Held for trial	
	Dismissed Other	
	Plea taken	
	Date of next court event:	

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While the CPRB investigates allegations of misconduct against Pittsburgh police officers, the Office of Municipal Investigations (OMI) investigates complaints against all City of Pittsburgh employees. Therefore, the CPRB and OMI often share information while conducting separate investigations of the same complaints. Upon receiving

	cally forwards a copy to OMI for that agency's reference, and to request on. If you do not want the CPRB to forward a copy of this form to OMI,
(Name)	(Date)
	FORM OF AFFIDAVIT
State of	
County of	
Before me, the undersigned notar	ry public, personally appeared
to the CPRB Rules and Operating	ng duly sworn according to the law, doth depose and say that: "Pursuant g procedures, §662.05(h)(5), I hereby certify that to the best of my y of perjury, the statements made herein are true."
	(Complainant's Signature; must be sworn/affirmed and signed in the presence of a notary public.)
Sworn to and subscribed before me	
(Notary Public's signature)	