

# Police Accountability and Transparency intake form

Please complete this form to the best of your ability. We will contact you for further information. We provide interpreters at no charge. If you do not have a telephone number, please provide the best way to reach you.

If you have questions or need help filing your complaint, please call us from 9 a.m. - 5 p.m. at 617-635-4224 or leave a message after hours.

---

\* Required

1. Email \*

---

2. First Name \*

---

3. Last Name \*

---

4. Alternate or Preferred Name

---

5. Pronouns

---

6. Date of Birth \*

---

*Example: January 7, 2019*

7. Preferred Language \*

---

8. Mobile Phone \*

---

9. Home phone

---

10. Preferred Contact Method \*

*Mark only one oval.*

Phone

Email

11. Mailing Address

---

---

---

---

---

12. Neighborhood

*Mark only one oval.*

- Allston
- Back Bay
- Bay Village
- Beacon Hill
- Brighton
- Charlestown
- Chinatown - Leather District
- Dorchester
- Downtown
- East Boston
- Fenway-Kenmore
- Hyde Park
- Jamaica Plain
- Mattapan
- Mission Hill
- North End
- Roslindale
- Roxbury
- South Boston
- South End
- West End
- West Roxbury

13. Zip code

---

14. Gender

*Mark only one oval.*

Female

Male

Nonbinary

Prefer not to say

Other: \_\_\_\_\_

15. Ethnicity

\_\_\_\_\_

16. Sexual Orientation

\_\_\_\_\_

Incident information

17. Date of Incident \*

\_\_\_\_\_  
*Example: January 7, 2019*

18. Time of Incident \*

\_\_\_\_\_  
*Example: 8:30 AM*

19. Location of Incident \*

---

---

---

---

---

20. Citation Number (if known)

---

21. Were you injured? \*

*Mark only one oval.*

Yes

No

22. If you were injured, please describe your injuries:

---

---

---

---

---

23. Please tell us what happened. What led to your contact with the Boston Police Department (BPD)? What happened during your contact with the BPD? What do you feel was wrong about the incident? Did law enforcement do something wrong? Did they fail to do something?

---

---

---

---

---

Officer information

Please identify and describe the officer(s) involved in your complaint to the best of your ability. Helpful details include: gender, age, ethnicity, height, weight, and build. List any other characteristics that you remember, such as facial hair, eyeglasses, tattoos, or scars.

24. Officer name \*

---

25. Badge Number

---

26. Description of Officer \*

---

---

---

---

---

27. Second Officer name

---

28. Badge Number of Second Officer

---

29. Description of Second Officer

---

---

---

---

---

30. Third Officer name

---

31. Badge Number of Third Officer

---

32. Description of Third Officer

---

---

---

---

---

If there are more officers involved in your incident, please contact us  
[opat@boston.gov](mailto:opat@boston.gov).

33. Police vehicle type involved in incident:

*Mark only one oval.*

- Bicycle
- Car
- Horse
- Motorcycle (large cruiser)
- Motorcycle (small dirt bike)
- SUV
- Van or wagon
- Unmarked car

34. Vehicle number (if available)

---

35. Vehicle description

---

---

---

---

---



36. Second police vehicle type involved in incident:

*Mark only one oval.*

- Bicycle
- Car
- Horse
- Motorcycle (large cruiser)
- Motorcycle (small dirt bike)
- SUV
- Van or wagon
- Unmarked car

37. Second vehicle number

---

38. Second vehicle description

---

---

---

---

---

39. Third police vehicle type involved in incident

*Mark only one oval.*

- Bicycle
- Car
- Horse
- Motorcycle (large cruiser)
- Motorcycle (small dirt bike)
- SUV
- Van or wagon
- Unmarked car

40. Third vehicle number

---

41. Third vehicle description

---

---

---

---

---

If there are more vehicles involved in your incident that you want to mention, please contact us [opat@boston.gov](mailto:opat@boston.gov).

**Witnesses**

Please identify and describe any witnesses to the incident.

42. First name of witness

---

43. Last name of witness

---

44. Witness email

---

45. Witness phone number

---

46. How was the witness involved in the incident? What is your relationship to the witness?

---

---

---

---

---

47. Second witness: First name

---

48. Second witness: Last name

---

49. Second witness: Email

---

50. Second witness: Phone number

---

51. How was the second witness involved in the incident? What is your relationship to the witness?

---

---

---

---

---

52. Third witness: First name

---

53. Third witness: Last name

---

54. Third witness: Email

---

55. Third witness: Phone number

---

56. How was the third witness involved in the incident? What is your relationship to the witness?

---

---

---

---

---

If there are more witnesses involved in your incident, please contact us  
opat@boston.gov.

Boston  
Police  
Department  
(BPD)  
Community  
Mediation  
Program

Mediation is an alternate way to resolve complaints about police conduct. The BPD Community Mediation Program involves face-to-face dispute resolution under the guidance of trained mediators. The program's goal is to achieve mutual understanding. Mediation is limited to eligible cases and is voluntary for all involved. Successfully mediated cases are not included in an officer's discipline record.

57. Are you open to considering mediation, or would like more information? \*

*Mark only one oval.*

Yes

No

58. Today's date \*

---

*Example: January 7, 2019*

59. Are you completing this on behalf of someone else?

*Mark only one oval.*

Yes

No

60. If you are completing this on behalf of someone else, please explain your relationship to that person.

---

---

---

---

---

---

This content is neither created nor endorsed by Google.

Google Forms