City of Boston, Massachusetts
Office of Police Accountability and Transparency (OPAT)

OPAT Complaint Submission Form

Do you wish to submit an anonymous complaint? (Circle One): Yes / No

First Name: ______________________________________________________________

Last Name: ______________________________________________________________

Alternate or Preferred Name: ________________________________________________

Pronouns: (Circle One): She/Her/Hers  He/Him/His  They/Them/Their  Other

Other Pronoun:___________________________________________________________

Date of Birth: ____/____/_____

Preferred Language (Circle One):

Arabic; Brazilian Portuguese; Cape Verdean Creole; Chinese - Cantonese; Chinese - Mandarin; English; French; Haitian Creole; Russian; Somali; Spanish; Vietnamese; Other

Contact Information

Preferred contact method:__________________________________________________

Mobile Phone: (____) ________________       Home Phone: (____) ________________

Email:___________________________________________________________________

Address:________________________________________________  Apt:____________

Neighborhood:___________________________________________________________ Zip Code:__________________

Demographics

Gender identity (Circle One): Female; Male; Genderqueer/Gender Non-binary; Trans female; Trans male; Prefer not to answer; Not listed

Race and Ethnicity (Circle One): Asian; Black/African American; Black; Indigenous; Latino; Middle Eastern/West Asian or North African; American Indian/Alaskan Native; Asian & White; Cape Verdean; Native Hawaiian/Pacific Islander; Native Hawaiian/Pacific Islander & White; Black/African American & White; Multi-racial; Pacific Islander; White; Other; Decline to answer
Sexual orientation / identity (Circle One): Bisexual; Gay; Lesbian/Same Gender Loving; Questioning/Unsure; Straight/Heterosexual; Decline to answer; Not listed

Incident Information
Date of Incident: ___/___/_____
Time of Incident: _____ am / pm
Citation Number: ____________
Incident neighborhood (Circle One): Allston; Back Bay; Bay Village; Beacon Hill; Brighton; Charlestown; China - Leather District; Dorchester; Downtown; East Boston; Fenway - Kenmore; Hyde Park; Jamaica Plain; Mattapan; Mid-Dorchester; Mission Hill; North End; Roslindale; Roxbury; South Boston; South End; West End; West Roxbury; Wharf District
Incident precinct (Circle One): BPD HQ; A-1 & A-15; A-7; B-2; B-3; C-6; C-11; D-4; D-14; E-5; E-13; E-18
Were you arrested during this incident? Yes / No
Were you injured? Yes / No
Description of injuries: ________________________________________________________
Incident Description: _________________________________________________________

Officer Information
Number of officers involved? _____________
First Officer
- Name: ___________________________________
- Badge: ___________________________________
- Description: _____________________________
Second Officer
- Name: ___________________________________
- Badge: ___________________________________
- Description: _____________________________
Third Officer
- Name: ________________________________
- Badge: ________________________________
- Description: ____________________________

Fourth Officer
- Name: ________________________________
- Badge: ________________________________
- Description: ____________________________

Fifth Officer
- Name: ________________________________
- Badge: ________________________________
- Description: ____________________________

More than five officers involved? Please add any additional information:

________________________________________

________________________________________

________________________________________

Police Vehicle Information
Number of Police vehicles were involved? _______________________

First Vehicle
- Type: ________________________________
- Number: ________________________________
- Description: ____________________________

Second Vehicle
- Type: ________________________________
- Number: ________________________________
- Description: ____________________________

Third Vehicle
- Type: ________________________________
- Number: ________________________________
- Description: ____________________________
Fourth Vehicle
- **Type:** ______________________________
- **Number:** ____________________________
- **Description:** _________________________

Fifth Vehicle
- **Type:** ______________________________
- **Number:** ____________________________
- **Description:** _________________________

More than five vehicles involved? – Please add additional information:
________________________________________________________

Witness Information
How many witnesses? ________________

First Witness
- **First Name:** ________________________ **Last Name:** ________________________
- **Email:** ____________________________ **Phone:** (____)____________________
- **Witness Involvement:** ______________________________________________________

Second Witness
- **First Name:** ________________________ **Last Name:** ________________________
- **Email:** ____________________________ **Phone:** (____)____________________
- **Witness Involvement:** ______________________________________________________

Third Witness
- **First Name:** ________________________ **Last Name:** ________________________
- **Email:** ____________________________ **Phone:** (____)____________________
- **Witness Involvement:** ______________________________________________________
More than three witnesses – Please add additional information:


Additional Information
Submitted on behalf of someone else?  Yes / No

Relationship to Complainant? ____________________________________________

Submitted Date: ___/___/_____