CITY OF BOSTON
OFFICE OF POLICE ACCOUNTABILITY AND TRANSPARENCY
Evandro C. Carvalho, Executive Director

# OPAT Complaint Submission Form

*Please complete all sections that apply. Print clearly.*

**Do you wish to submit an anonymous complaint?** ☐ Yes ☐ No

## COMPLAINANT INFORMATION

**First Name**

**Last Name**

**Alternate or Preferred Name**

Pronouns (Check one):

☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Their ☐ Other

**Other Pronouns**

**Date of Birth (MM/DD/YYYY)**

Preferred Language (Check one):

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

Are you or were you a BPD employee at the time of this incident? (Check one):

☐ No
☐ Yes, I was at the time of the incident but am not presently
☐ Yes, I am now but was not at the time of the incident
☐ Yes, I was at the time of the incident and still am

## CONTACT INFORMATION

**Preferred contact method**

**Mobile Phone**

**Home Phone**

**Email**

**Address**

**Apt**

**Neighborhood**

**Zip Code**

## DEMOGRAPHICS

Gender identity (Check one):

- ☐ Female
- ☐ Male
- ☐ Genderqueer
- ☐ Gender Non-binary
- ☐ Trans female
- ☐ Trans male
- ☐ Prefer not to answer
- ☐ Not listed

Race and Ethnicity (Check one):

- ☐ Asian
- ☐ Black/African American
- ☐ Indigenous
- ☐ Latino
- ☐ Middle Eastern/West Asian or North African
- ☐ American Indian/Alaskan Native
- ☐ Asian & White
- ☐ Pacific Islander & White
- ☐ Black/African American & White
- ☐ Pacific Islander
- ☐ White
- ☐ Other
- ☐ Prefer not to answer

Sexual orientation (Check one):

- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Questioning/Unsure
- ☐ Straight/Heterosexual
- ☐ Prefer not to answer
- ☐ Not listed

## INCIDENT INFORMATION

**Date of Incident (MM/DD/YYYY)** _____

**Time of Incident (AM/PM)** _____

**Police Report (I#) or Citation Number** _____

**Location of Incident** _____

Incident neighborhood (Check 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
- ☐ Other

Police district, if known (Check 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

Was the Boston Police Department involved in this incident? ☐ Yes ☐ No

Was the US Immigration and Customs Enforcement (ICE) or any other federal agency (FBI, DHS, HSI, Coast Guard, etc.) involved in this incident?

☐ Yes ☐ No ☐ I Don't Know

Were you injured? ☐ Yes ☐ No

Description of injuries:

Incident Description — Please tell us what happened during the incident. What misconduct would you like to report?

## BPD EMPLOYEE(S) INFORMATION

**Number of BPD employees involved**

| Officer | Name | Badge / ID # | Description |
|---|---|---|---|
| First BPD Employee | | | |
| Second BPD Employee | | | |
| Third BPD Employee | | | |
| Fourth BPD Employee | | | |
| Fifth BPD Employee | | | |

More than five BPD Employee(s) involved? Please add any additional information:

## POLICE VEHICLE INFORMATION

**Number of police vehicles involved**

| Vehicle | Type | Number/Plate # | Description |
|---|---|---|---|
| First Vehicle | | | |
| Second Vehicle | | | |
| Third Vehicle | | | |
| Fourth Vehicle | | | |
| Fifth Vehicle | | | |

More than five vehicles involved? Please add additional information:

## WITNESS INFORMATION

**Number of 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 (MM/DD/YYYY)**

*Note: OPAT is an independent oversight agency. If you have filed a complaint with POST, the BPD Internal Affairs Division, or another agency regarding the same matter, please indicate that in your submission. OPAT will review the circumstances of each complaint and determine whether further review is appropriate.

Filing a complaint with OPAT **does not toll, pause, or have any impact on the set statutory time or limitations period** for filing potential court actions regarding this matter.