

FOR STAFF USE:
Complaint No. _____
Received by _____

CONFIDENTIAL

Return to:

COMMUNITY POLICE REVIEW BOARD

A Board of the City of Iowa City
City Clerk's Office
410 E. Washington Street
Iowa City, IA 52240-1826
(319) 356-5041

Name _____

Address/other contact information

Telephone _____ Best time to call _____

A Supervisor or Investigator from the Police Department will contact the complainant as part of the investigation process.

Date of Birth _____ Race _____ Gender _____

Date the incident took place _____

(All complaints to the Board must be filed with the City Clerk within ninety (90) days of the alleged misconduct.)

Any person with personal knowledge of the alleged police misconduct may file a CPRB complaint with the board. In order to have "personal knowledge", the complainant must have been directly involved in the incident or witnessed the incident. If the person with personal knowledge is underage or otherwise unable to complete a CPRB complaint form, the CPRB complaint may be filed by such person's designated representative.

Those who may file a complaint shall include an adult, a minor with an adult's assistance, an adult filing on behalf of a minor, or a vulnerable adult with assistance from a family member, friend, clergy, or a guardian or other similar court appointed representative.

A support person (as defined above) may accompany the complainant through the complaint review process.

Describe the incident you are complaining about. Give as many details as possible.

For example: Where did it happen? Who else was there? Describe the specific police actions you are complaining about. Give officers' names, badge numbers, descriptions.

CONFIDENTIAL
VOLUNTARY SURVEY
For Statistical Use Only

We will use the following information, which concerns classes of people protected under Iowa City's Human Rights Ordinance, only to prepare our CPRB annual report. We will not use your name or other identifying information in this report.

YOU DO NOT HAVE TO PROVIDE THIS INFORMATION TO FILE YOUR COMPLAINT.

DATE _____

AGE (Circle One)

18—25 26—35 36—45 46—55 56—64 65+

DISABILITY (Circle All Applicable)

Physical Mental None

ANNUAL HOUSEHOLD INCOME (Circle One)

100K+ 75—99K 50—75K 25—49K Under 25K

GENDER (Circle One)

Female Male Other_____

SEXUAL ORIENTATION (Circle One)

LGBTQ Heterosexual Other_____

ETHNIC ORIGIN (Circle One)

Black/African-American Hispanic American Indian/Alaska Native

Asian/Pacific Islander White/Caucasian Other_____

WERE YOU BORN IN THE UNITED STATES? (Circle One)

Yes No

RELIGION _____ None Other_____

MARITAL STATUS (Circle One)

Married Single Divorced Separated Widowed Other_____

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY.