As a government agency charged with protecting the public and enforcing the law, the Metropolitan Police Department strives to provide the highest level of customer service possible. We value the opinions of the public we serve in order to help us achieve this standard. By providing your input — positive or negative — we can learn where our efforts are hitting the mark and where we might need to focus our attention to improve the service we provide to the hundreds of thousands of residents and visitors we encounter each year. If you are filing a complaint, you may make your submission anonymously if you choose and we will do our best to investigate the incident.

Tell Us About Your Encounter/Incident

Today’s Date
Police District (Include Incident Location if Unknown)

☐ Commendation ☐ Complaint

Date of Incident
Time of Incident

Describe the Commendation or Complaint

Nature of Commendation or Complaint: Provide details in the space provided and/or on the reverse side.

Members Involved
In the space below, please provide name, rank/assignment, badge number, and vehicle (if known) of members involved in this incident or encounter.

Name of Member
Rank/Assignment
Race
Sex

Badge No.
Vehicle Number
Vehicle Make and Model
Vehicle Color

Name of Member
Rank/Assignment
Race
Sex

Badge No.
Vehicle Number
Vehicle Make and Model
Vehicle Color

Name of Member
Rank/Assignment
Race
Sex

Badge No.
Vehicle Number
Vehicle Make and Model
Vehicle Color

Witnesses
In the space below, please provide name, address, and phone number of any witness to the incident (if applicable).

Name of Witness
Address (☐ Home or ☐ Work)
Phone Number (Home/Work/Cell)
Email Address

Name of Witness
Address (☐ Home or ☐ Work)
Phone Number (Home/Work/Cell)
Email Address

Name of Witness
Address (☐ Home or ☐ Work)
Phone Number (Home/Work/Cell)
Email Address

Type of Commendation
Make more than one selection, as needed. Indicate specific member for each type by matching with the letter next to their name above.

☐ Courtesy
☐ Job Knowledge
☐ Community Problem Solving
☐ Assistance to Civic Group(s)

☐ Professionalism
☐ Assistance to Family
☐ Follow-up After Call
☐ Help with Directions/Orientation

☐ Other (Please specify in the space below/continue on reverse if needed)

Type of Complaint
Make more than one selection, as needed. If more than one member, indicate by matching with the letter next to the member’s name above. Please provide more details on the reverse. Add additional sheets if necessary.

☐ Discourtesy
☐ Failure to Take Appropriate Action
☐ Unlawful Arrest
☐ Improper Use of Police Vehicle

☐ Traffic Violation
☐ Excessive Force
☐ Harassment
☐ Failure to Wear Name Badge/Display ID

☐ Discrimination
☐ Retaliation for Filing a Complaint
☐ Other (Please specify in the space below/continue on reverse if needed)
Detailed Synopsis

IN THE SPACE BELOW, PLEASE PROVIDE A THOROUGH ACCOUNT OF YOUR EXPERIENCE IN DEALING WITH THE MEMBER(S) LISTED ON THE FRONT OF THIS FORM

<table>
<thead>
<tr>
<th>Certification of Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that, to the best of my knowledge and belief, the information contained on this form is true and correct.</td>
</tr>
<tr>
<td>NOTICE: MAKING A FALSE STATEMENT IS PUNISHABLE BY CRIMINAL PENALTIES (DC CODE, §5-117.05)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBMITTER’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

MPD OFFICIAL USE ONLY — DO NOT WRITE BELOW THIS LINE

<table>
<thead>
<tr>
<th>REPORT RECEIVED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
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</tbody>
</table>

If you have questions regarding this form, please contact the Internal Affairs Division at (202) 724-4482.