

**Las Vegas Metropolitan Police Department
Citizen Review Board**

COMPLAINT

Name of Complainant _____ Date _____

Address _____ Phone _____
(Street and Apt. #, if any)

City State Zip Code Social Security Number Date of Birth

Complaint Information: Location of Incident _____

Date of Incident _____ **Time of Incident** _____

Name & P# of officer(s) _____
you are alleging engaged in misconduct (the Board may only investigate conduct of officer(s) specifically named).

Statement of Complaint

Please state in exact detail what occurred, names of all witnesses and police officers who observed the incident, name(s) of officers who engaged in alleged misconduct and what misconduct occurred, what injuries, if any, you suffered and all other facts related to the incident. Do not include unsubstantiated information, such as gossip or rumor. Attach any reports or documentation, such as photographs, medical or police reports, etc. which relate to the incident. Add additional pages, as needed, on 8½" by 11" white paper. **Return by mail or fax to the Office of the Executive Director, Citizen Review Board, 310 S. Third Street, Suite 319, Las Vegas, NV 89155, fax number 702-382-7426**

(Continuation of Complaint)

I HEREBY REQUEST the Board investigate the conduct alleged in this complaint and take appropriate action, as authorized by law. I hereby state under penalty of perjury that I am the complainant in this complaint, that I have prepared, read and fully understand all matters set forth in this complaint, that these proceedings are confidential as provided by law and that all information provided in this complaint is true and complete, to my knowledge.

Signature of Complainant

CRB Staff only
Date Received _____ Case No. _____ Status _____
Type Complaint (force, arrest, discrimination, slurs, criminal conduct, courtesy, conduct, procedure, service, harassment)

INSTRUCTIONS FOR COMPLETING COMPLAINT FORM

Please fill out this form completely and describe in detail the incident that led to this complaint. Please be as clear and as specific as you can be and include as much information as possible. If you do not know the name(s) or badge number(s) of the officer(s) involved, please try and describe the individual to the best of your ability. If you need more space, please attach additional sheets as needed. Please type or print neatly using an ink pen.

Your statement must be accurate and true under penalty of perjury. You may mail or fax the complaint forms to the **Office of the Executive Director, Citizen Review Board, 310 S. Third Street, Suite 319, Las Vegas, NV 89155, fax number 702-382-7426**. *Please be sure to return both your complaint form and the preliminary questionnaire.* If you have any further questions or need help, you may contact our office **Monday through Friday between 7:30 a.m. and 4:30 p.m. at 455-6322**. Should you move or change phone numbers, please let the review board know so that we may be able to contact you when necessary.

Are you requesting that your address, phone number or social security number be redacted from information contained on the complaint form that is provided to the subject officer? If so, specify the information you want redacted on a separate piece of paper attached to your complaint or in the heading of your complaint.