

## **Complaint Form**

To start an administrative complaint against an Austin Police Officer, please complete this form and submit it to the Office of Police Oversight (OPO) via email, mail or in person. The OPO is NOT part of the Austin Police Department. Your complaint can be anonymous. By telling us about your experience, you help us better serve you and your community. <b>If you choose to provide your contact information, you will be contacted in 2 to 4 business days.</b>						
Name (optional):		Date:				
Address (optional):						
City:		State:	Zip Code:			
Phone (optional):		Email (optional):				
What happened? Describe your experience	with the Austin Police	e Department.				
Date:		Time:				
Name of Officer:		Officer Badge Number:				
How did you hear about us?						
Did you receive a ticket during this interaction?YesNo						
Were there any witnesses? If yes, please	e list.					
Name:	Email:		Phone:			
Additional Witness(es):						
Name:		Name:				

**Demographic Data** (optional) The Office of Police Oversight collects this data to help us determine who is having contact with the Austin Police Department.

How do you identify your gender?		Age:		
□ Male	Female	□ 18 – 24	□ 25 – 34	□ 35 - 44
Non-binary	Prefer not to say	□ 45 - 54	□ 55 – 64	□ 65 - older
□ White or Euro □ Black, Afro-C	Caribbean, or African American iian or Other Pacific Islander	<ul> <li>Latino or Hispanic A</li> <li>South Asian or India</li> <li>East Asian or Asian</li> <li>Other:</li></ul>	n American	<ul> <li>Middle Eastern or Arab American</li> <li>Native American or Alaskan Native</li> </ul>