

Today's Date: _____ Date Received by CRB: _____ CRB Case#: _____

**CITY OF SYRACUSE
Citizen Review Board**

CITIZEN COMPLAINT REPORT

SECTION I: PERSONAL INFORMATION

Name of Complainant: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please list additional phone numbers where you may be reached during the day:

SECTION II: DESCRIPTION OF THE INCIDENT

Date of Incident: _____ Time of Incident: _____ Place of Incident: _____

Explain in your own words what happened: (attach additional explanation if necessary)

SECTION III: RACIAL PROFILING

In your opinion, did racial profiling (i.e.: race used as predominant factor in officer’s decision to initiate contact with an individual) play a role in the incident? Yes No

If yes, please explain.

Was any racial, gender, ethnic or other slur or epithet used during the course of this incident?

Yes No

If so, please identify the nature of the comments and the parties who made them.

Were you issued an appearance ticket or arrested for a non-violent offense to be prosecuted in Community Treatment Court (Drug Court)? Yes No

If yes, please explain.

Were criminal charges filed against you because of this incident? Yes No

If so, list charges:

SECTION IV: INJURY

Do you have a medical condition? [] Yes [] No

If yes, please explain.

Were you injured during the incident? [] Yes [] No

If yes, please explain.

Did you notify anyone of injuries? If so, whom?

Name of Doctor: _____ Name of Hospital: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Was any of your property damaged? If yes, describe the damage, what repairs were done, and the cost.

SECTION V: OTHER INFORMATION

Are you interested conciliation? [] Yes [] No

Having your case routed through conciliation would require both your consent and agreement by the subject officer(s) to participate in the conciliation process. Conciliation is an alternative to the investigative process and would not result in the imposition of any sanctions against the subject officer. The purpose of conciliation is to arrive at a resolution that is mutually agreeable to the involved parties. Conciliation would involve a mediated discussion between you and the subject officer(s) and would be conducted in coordination with an outside agency. If the outcome of the conciliation process is not satisfactory to both parties, the complainant may resume the CRB investigative process. A complainant may request conciliation at any point until the commencement of a hearing.

What would you like to see happen as a result of this complaint?

Initial contact agency: _____

Person who assisted you: _____

Address: _____ Phone: _____

Witness Name(s)	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

At any point during or after your encounter with the police officer or officers, did you receive any information regarding CRB? If yes, please state when you received it and how?

I have read this statement [], I have had this statement read to me [] which I have made of my own free will and the facts contained therein are true and correct to the best of my knowledge.

Signature of Complainant

False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Signature of Complainant

“I UNDERSTAND THAT THE CRB IS REQUIRED BY LOCAL LEGISLATION TO SEND A COPY OF MY COMPLAINT TO THE SYRACUSE POLICE DEPARTMENT OFFICE OF PROFESSIONAL STANDARDS, AND THAT THIS OFFICE WILL CONDUCT AN INVESTIGATION PARALLEL TO THE INDEPENDENT INVESTIGATION AND REVIEW CONDUCTED BY THE CITIZEN REVIEW BOARD.

I UNDERSTAND THAT THE OFFICER(S) INVOLVED IN MY COMPLAINT WILL RECEIVE NOTIFICATION OF AND BE ASKED TO REpond TO THE ALLEGATIONS IN MY COMPLAINT, AND THAT THIS NOTIFICATION MAY INCLUDE AN ACTUAL COPY OF THIS COMPLAINT CONTAINING THE ALLEGED MISCONDUCT AND MY NAME.

I UNDERSTAND THAT AS PART OF THE INVESTIGATION BY THE OFFICE OF PROFESSIONAL STANDARDS, I WILL BE CONTACTED BY AN OFFICER FROM THAT OFFICE. I UNDERSTAND THAT I MAY CHOOSE TO SPEAK TO THAT OFFICER ABOUT THE DETAILS OF MY COMPLAINT, OR I MAY CHOOSE TO INTERACT MAINLY WITH REPRESENTATIVES OF THE CITIZEN REVIEW BOARD IN ITS INVESTIGATION AND REVIEW.

I UNDERSTAND THAT OFFICE OF PROFESSIONAL STANDARDS HAS THIRTY (30) DAYS TO COMPLETE ITS INVESTIGATION AND FORWARD ITS RESULTS TO THE CHIEF OF POLICE.

I UNDERSTAND THAT THE CITIZEN REVIEW BOARD WILL DETERMINE IF A HEARING IS REQUIRED IN ORDER FOR THE CRB TO FORWARD A RECOMMENDATION TO THE CHIEF OF POLICE IN RELATION TO MY COMPLAINT. I ALSO UNDERSTAND THAT A CRB *HEARING IS NOT AUTOMATIC, BUT MAY BE GRANTED OR DENIED AT THE BOARD’S DISCRETION.*”

This complaint is not a Notice of Claim against the City of Syracuse. I understand that I would need to file a Notice of Claim within 90 days of the incident that I describe in this complaint if I wish to pursue my right to file a civil lawsuit in relation to this incident. I understand that I can contact the City of Syracuse Department of Law at 300 City Hall, 233 East Washington Street, Syracuse, NY 13202 if I wish to file a Notice of Claim in this matter.

Signature of Complainant

To submit this form, mail or deliver the form to:

Citizen Review Board
201 East Washington Street, Suite 705
Syracuse, NY 13202

SECTION VI: VOLUNTARY INFORMATION

This information will be used strictly for statistical purposes.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
		Sex Assigned at Birth: _____
_____ Age		Gender Identity: _____
<input type="checkbox"/> African American/Black		
<input type="checkbox"/> Latino/Hispanic		
<input type="checkbox"/> Native American		
<input type="checkbox"/> Caucasian/White		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Immigrant or Refugee		
<input type="checkbox"/> National Origin (Other than U.S.) Describe: _____		
<input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender		
<input type="checkbox"/> Disabled, please describe: _____		
<input type="checkbox"/> Mental Health Condition		
<input type="checkbox"/> Learning Disabled		
<input type="checkbox"/> Deaf/Hard of Hearing		