



City of Boston, Massachusetts
Office of Police Accountability and Transparency (OPAT)

OPAT Complaint Submission Form

Do you wish to submit an anonymous complaint? (Circle One): Yes / No

First Name: _____

Last Name: _____

Alternate or Preferred Name: _____

Pronouns: (Circle One): She/Her/Hers He/Him/His They/Them/Their Other

Other Pronoun: _____

Date of Birth: ____ / ____ / ____

Preferred Language (Circle One):

Arabic; Brazilian Portuguese; Cape Verdean Creole; Chinese - Cantonese; Chinese - Mandarin; English; French; Haitian Creole; Russian; Somali; Spanish; Vietnamese; Other

Contact Information

Preferred contact method: _____

Mobile Phone: (____) _____ Home Phone: (____) _____

Email: _____

Address: _____ Apt: _____

Neighborhood: _____ Zip Code: _____

Demographics

Gender identity (Circle One): Female; Male; Genderqueer/Gender Non-binary; Trans female; Trans male; Prefer not to answer; Not listed

Race and Ethnicity (Circle One): Asian; Black/African American; Black; Indigenous; Latino; Middle Eastern/West Asian or North African; American Indian/Alaskan Native; Asian & White; Cape Verdean; Native Hawaiian/Pacific Islander; Native Hawaiian/Pacific Islander & White; Black/African American & White; Multi-racial; Pacific Islander; White; Other; Decline to answer

Sexual orientation /identity (Circle One): BisexualGay; Lesbian/Same Gender Loving; Questioning/Unsure; Straight/Heterosexual; Decline to answer; Not listed

Incident Information

Date of Incident: ___/___/___ Time of Incident: ___ am / pm

Citation Number: _____

Incident neighborhood (Circle One): Allston; Back Bay; Bay Village; Beacon Hill; Brighton; Charlestown; China - Leather District; Dorchester; Downtown; East Boston; Fenway - Kenmore; Hyde Park; Jamaica Plain; Mattapan; Mid-Dorchester; Mission Hill; North End; Roslindale; Roxbury; South Boston; South End; West End; West Roxbury; Wharf District

Incident precinct (Circle One): BPD HQ; A-1 & A-15; A-7; B-2; B-3; C-6; C-11; D-4; D-14; E-5; E-13; E-18

Were you arrested during this incident? Yes / No

Were you injured? Yes / No

Description of injuries: _____

Incident Description: _____

Officer Information

Number of officers involved? _____

First Officer

- Name: _____
- Badge: _____
- Description: _____

Second Officer

- Name: _____
- Badge: _____
- Description: _____

Third Officer

- *Name:* _____

- *Badge:* _____

- *Description:* _____

Fourth Officer

- *Name:* _____

- *Badge:* _____

- *Description:* _____

Fifth Officer

- *Name:* _____

- *Badge:* _____

- *Description:* _____

More than five officers involved? Please add any additional information:

Police Vehicle Information

Number of Police vehicles were involved? _____

First Vehicle

- *Type:* _____

- *Number:* _____

- *Description:* _____

Second Vehicle

- *Type:* _____

- *Number:* _____

- *Description:* _____

Third Vehicle

- *Type:* _____

- *Number:* _____

- *Description:* _____

Fourth Vehicle

- Type: _____
- Number: _____
- Description: _____

Fifth Vehicle

- Type: _____
- Number: _____
- Description: _____

More than five vehicles involved? – Please add additional information:

Witness Information

How many witnesses? _____

First Witness

- First Name: _____ Last Name: _____
 - Email: _____ Phone: (____) _____
 - Witness Involvement: _____
-

Second Witness

- First Name: _____ Last Name: _____
 - Email: _____ Phone: (____) _____
 - Witness Involvement: _____
-

Third Witness

- First Name: _____ Last Name: _____
 - Email: _____ Phone: (____) _____
 - Witness Involvement: _____
-

More than three witnesses – Please add additional information:

Additional Information

Submitted on behalf of someone else? Yes / No

Relationship to Complainant? _____

Submitted Date: ___/___/____