

City of Birmingham
CIVILIAN REVIEW BOARD

Return the completed and signed form to:
Birmingham Civilian Review Board
1200 Tuscaloosa Avenue Birmingham, AL 35211

TYPE OF COMPLAINT

- | | |
|--|--|
| <input type="checkbox"/> False Arrest | <input type="checkbox"/> False Imprisonment |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Abusive Language |
| <input type="checkbox"/> Excessive Force | <input type="checkbox"/> Other (If yes, explain) |
-

ARE YOU INTERESTED IN MEDIATING THIS COMPLAINT? YES NO MAYBE

Contact Information (Required, please print):

Name: _____ Month & Year of Birth: ____/____ Sex: M / F

Race: _____ Primary Phone #: (____) _____ - _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Best Time to Contact: _____

Best Day of the Week: _____

Respondent (Officers Involved)

Officer/Rank/Badge #: _____

Officer/Rank/Badge #: _____

Officer/Rank/Badge #: _____

Witnesses (If Any)

Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Incident Details

Location: _____

Time & Date: _____

	Yes	No
Was force used?	_____	_____
Was abusive language used?	_____	_____
Were racial references made?	_____	_____

Search

	Yes	No
You?	_____	_____
Vehicle?	_____	_____
House?	_____	_____
Person?	_____	_____
Other? (If yes, explain)	_____	_____

Injury

Were you physically injured? _____

Describe your injury? _____

Did you receive medical attention? _____

By whom? _____

