



Albany Police Department  
&  
Citizens' Police Review Board



## CITIZEN COMPLAINT FORM

The Albany Citizens' Review Board (CPRB) encourages any persons who believe that they have a legitimately founded complaint of police misconduct to lodge such complaint with the Albany Police Department (APD) or with the CPRB. Such alleged misconduct includes but is not limited to complaints of excessive use of force or violation of civil rights (the definition of which shall include complaints pertaining to sexual orientation).

The goals of the CPRB are to improve communication between the Police Department and the community, to increase accountability and credibility with the public and to create a complaint review process that is free from bias and informed of actual police practices. Because of the important public trust exercised by all members of the Albany Police Department and the importance of maintaining that trust and the integrity of the Department, it is the responsibility of the Department to investigate promptly and thoroughly every complaint and accusation made against a police officer in order to protect that officer, the Department and the residents of the City of Albany. The CPRB will review every complaint investigation from beginning to end.

The Board recognizes that completing the complaint form and submitting or filing such complaint can be intimidating and stressful. The Board, therefore, has arranged with supportive civic groups and organizations to provide assistance in filling out the complaint form and in following up the complaint process. The Board believes that these good faith offers of assistance to individuals who wish to lodge a complaint will serve not only the individual but also the community at large and the Albany Police Department.

On the attached sheet is a list agencies that have agreed to be of assistance to those filing complaints in completing the complaint form and, if requested, will provide assistance in being present during the course of the investigation of the complaint.

**Please note: The complaint form must be signed by the complainant himself/herself.**

The completed form may be filed at any station of the Albany Police Department or submitted to the Albany Citizens' Police Review Board at the Government Law Center, Albany Law School, 80 New Scotland Ave. Albany, NY 12208-3494. The person lodging a complaint may submit the form by mail.

## **Organizations Offering Assistance in Completing Complaint Forms**

### **Albany Community Development Agency**

200 Henry Johnson Blvd.

Albany, NY 12210

Phone: 434-5240

### **Albany Housing Authority**

4 Lincoln Square

Albany, NY 12202

Phone: 445-0755

### **Capital District Gay & Lesbian Community Council**

332 Hudson Ave.

Albany, NY 12210

Phone: 462-6138

### **Center for Law & Justice**

524 Broadway

Albany, NY 12207

Phone: 427-8361

### **New York Civil Liberties Union**

90 State St. Suite 518

Albany, NY 12207

Phone: 436-8594

### **One Hundred Black Men of the Capital Region**

388 Clinton Ave.

Albany, NY 12206

Phone: 443-6929

## **Additional Locations Where Complaint Forms are Available**

### **Government Law Center**

Albany Law School

2 Notre Dame Drive

Albany, NY 12208

Phone: 445-2329

### **Albany High School**

700 Washington Avenue

Albany, New York 12203

Phone: 454-3987

### **University at Albany**

1400 Washington Avenue

Albany, New York 12222

Phone: 437-4900



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See accompanying cover page for guidance in completing this Complaint Form.

Name of individual filing complaint: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Optional Information

The following information is being collected for statistical purposes and is entirely optional. The completion or not of this information will not in any way affect the outcome of the investigation.

Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Occupation \_\_\_\_\_

Identification of Police Department Employee(s) involved in incident, if known:

Name \_\_\_\_\_ Shield No. \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Description of Employee: Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Uniformed? Y or N

Name \_\_\_\_\_ Shield No. \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Description of Employee: Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Uniformed? Y or N

Witnesses to the incident and or individuals with relevant knowledge. Provide Names, Addresses and Phone Nos.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person assisting in completing this complaint:

Name: \_\_\_\_\_ Agency/Affiliation \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

