



Complaint Form

To start an administrative complaint against a Dallas Police Officer, please complete this form and submit it to the Office of Community Police Oversight (OCPO) via email, mail or in person. The OCPO is NOT part of the Dallas Police Department. Your complaint can be anonymous. By telling us about your experience, you help us better serve you and your community.

First Name and Last Name (optional):	Date:	
Address (optional):	Date of Birth:	
City:	State:	Zip Code:
Phone (optional):	Email (optional):	

What happened? Describe your experience with the Dallas Police Department. *(If you require additional space for your written statement, please utilize the writing section provided on the back of the form.)*

Where did it happen? _____ Incident Date/Time: _____

Is a summons or arrest associated with the incident? Yes No I don't know

Are you interested in mediation? Yes No
Mediation is an informal alternative to our traditional investigative process. Mediation allows the parties to meet and discuss their views of the case; clear up misunderstandings; identify underlying interests and concerns; find areas of agreement; and identify creative solutions. Mediation is a cooperative, voluntary process requiring the participation of all parties and representatives.

Do you know the identification of the officer(s)? Yes No
If yes, please list their Name and Badge Number: _____

Were there witnesses? Yes No (If yes, please list Name, Email and Phone Number.) _____

Preferred Language:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Chinese (Simplified) | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Burmese |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hindi |

Gender:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender not listed |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say |

Race/Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Other Race/Ethnicity | <input type="checkbox"/> Prefer not to say |

Language Interpretation Services Needed?

- Yes No

This information is gathered for the purposes of identifying disparate treatment of any particular protected class; a response is not required but recommended to identify potential disparities.

