

Joint Civilian Complaint Form

SLMPD Internal Affairs Division & Civilian Oversight Board

Aggrieved parties may file a complaint against a St. Louis Metropolitan Police Department law enforcement officer regarding alleged misconduct, excessive use of force, abuse of authority, sexual harassment, discourtesy, racial profiling, or use of offensive language, including, but not limited to, slurs relating to race, ethnicity, religion, gender, sexual orientation, gender identity, immigrant status, and disability. An aggrieved party is an individual whose legal rights have been violated and becomes a complainant once they have submitted a complete and signed form regarding a specific incident. Personal information will not be disclosed to the public unless required by law. All completed forms and any additional information provided will be shared in duplicate with the SLMPD Internal Affairs Division.

May be submitted in person
Or by mail to:
Civilian Oversight Board
1520 Market St. Room 4029
St. Louis, MO 63103
314-657-1600

May be submitted in person **only** to:

South Patrol	Central Patrol	North Patrol
3157 Sublette	919 N. Jefferson	4014 Union
St. Louis, Mo	St. Louis, Mo	St. Louis, Mo
63139	63106	63115

Your complaint may be eligible for mediation. Please indicate if you would be interested in allowing a mediator to hear your case. This will not disqualify your complaint from COB review

YES

Required Information

Contact Information (Print):

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

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

Address: _____ Apt #: _____

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

Incident Report (Print):

Location / Address of Incident: _____

Date of Incident: ____/____/____ Time: ____:____ AM / PM

Names of SLMPD Law Enforcement Officers Involved/Badge # if known: _____

Witness Name: _____ Phone #:() _____ - _____

Witness Name: _____ Phone #:() _____ - _____

*Please include any additional witnesses and their contact information in your description of the incident and provide a full and complete description of the incident citing specific transgressions as they occurred. (Back – add additional pages as necessary) Complainants should anticipate requests from the COB and IAD to be interviewed regarding the incident. Failure to cooperate or falsification of information may lead to unfavorable action.

Signature: _____ Date: ____/____/____

<i>For Official Use Only</i>	
Date Received: ____/____/____	Case # _____
Received by: _____	
COB _____ DPS _____ Corr _____ PD: N _____ C _____ S _____	