



Albany Police Department
&
Community Police Review Board



COMPLAINT FORM

The Albany Community 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 Community 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.

- A list is provided of 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.

During COVID-19, a completed Form should be filed via:

- Email at cprb@albanylaw.edu

Please note: The Complaint Form must be signed by the complainant herself /himself.

For more information, please visit our website at www.albanylaw.edu/cprb.

Organizations Where Complaint Forms are Available & Assistance is Offered in Completing Forms

Albany Community Development Agency

200 Henry Johnson Boulevard, Albany, NY 12210

Phone: 518.434.5240

Albany Housing Authority - Administration Building

200 South Pearl Street, Albany, NY 12202

Phone: 518.641.7500

Center for Law & Justice

220 Green Street, Albany, NY 12202

Phone: 518.427.8361

New York Civil Liberties Union - Capital Region Chapter

90 State Street. Suite 518, Albany, NY 12207

Phone: 518.436.8594

Pride Center of the Capital Region

332 Hudson Avenue, Albany, NY 12210

Phone: 518.462.6138

Additional Location Where Complaint Forms are Available

Albany Public Library

(All Branches)

Community Action of New York

94 Central Ave, Albany, NY 12206

Phone: 518.465.4600

Government Law Center

Albany Law School

2 Notre Dame Drive, Albany, NY 12208

Phone: 518.445.2329

State University at Albany - EOP Office

1400 Washington Avenue, LI94, Albany, NY 12222

Phone: 518.442.5180



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****Please review page 3 for important information regarding this Complaint Form****

Name of Individual filing complaint _____

Address _____

City/State/Zip _____ **Phone No.** _____

Email Address _____

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 Numbers

Person assisting in completing this complaint:

Name _____ Agency/Affiliation _____

Address _____ Phone No. _____

Details of the Complaint, include circumstances of Police contact (Attach additional pages if needed):

I realize that it may be necessary in the investigation of this complaint for me to meet with Officials of the City of Albany and/or the Community Police Review Board to discuss this complaint. I understand that if my complaint results in a legal proceeding my testimony at such proceeding may be needed and I hereby agree to make myself available if required to do so.

I hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Signed _____ **Date** _____