



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](mailto: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](http://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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## COMPLAINT FORM

**\*\*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**

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