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## COMPLAINT FORM

### YOUR CONTACT INFORMATION

We need this information so that our staff can follow up with you to resolved your complaint. If you want to remain anonymous, do not enter contact information.

Please enter your name

<input type="text"/>	<input type="text"/>
<small>First Name</small>	<small>Last Name</small>

Phone

<input type="text"/>	ext. <input type="text"/>
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Email

How may I help you? ×  
[Click Here >](#)

Mailing Address (Street name and number, City, State, and Zip code)

  
200 characters

Gender

- ☐ Male  
☐ Female  
☐ Other  
☐ Prefer not to specify

Date of Birth

  
200 characters

Race/Ethnicity

  
200 characters

How did you hear about the Office of the Independent Police Auditor?

  
200 characters

How may I help you? ×  
[Click Here >](#)

### ABOUT THE INCIDENT

Please provide us details about the incidents to the best of your ability.

Date and Time of the Incident (if you remember) ⓘ

Approximate Date and Time of the Incident

  
200 characters

General Location of the Incident

  
200 characters

### COMPLAINT DETAILS

Please provide a summary of the incident. Provide as much detail as you can. (20,000 character limit)

  
20000 characters

How may I help you? ×  
[Click Here >](#)



*Police Oversight  
Sample Online Complaint Form  
City of San Jose, CA*

Does your complaint involve bias-based policing (profiling) based on any of the following: race or ethnicity (including color), nationality, age, religion, gender identity/expression, sexual orientation, mental disability or physical disability?

Select answer

- ☐ Yes  
☐ No

If known, please provide the police report number or Citation number:

Police report #

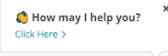
200 characters

Citation #

200 characters

I don't know

200 characters



**WITNESS INFORMATION**

If you know of anyone who witnessed the incident, please provide their name, and contact information.

500 characters

For any videos, images, or documents that may help process your complaint, please upload via this [file upload form](#).

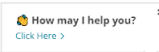
If you wish to submit files anonymously, enter 'noreply@sanjoseca.gov' as your email address when you submit files.

After submitting your files, please come back to this complaint form and hit the "Submit" button below to send your complaint to us.


Thank you for sharing your complaint about the police. We take our mandate to provide civilian oversight of the San Jose Police Department very seriously, so your concerns are important to us. We will contact you if we have any questions. Internal Affairs may also contact you for additional details.

To receive a copy of your submission, please fill out your email address below and submit.

Email Address



☐ I'm not a robot

  
reCAPTCHA  
Please reCAPTCHA

