

UC San Diego Police Accountability Board Complaint Form

This page serves as an introduction to the UC San Diego Police Accountability Board. The complaint form can be found on pages 2 – 4 of this document.

Once this form is completed and signed, email it to PAB@ucsd.edu. If you have any corroborating documents regarding this incident please attach it in the email. Preferable formats are: .pdf, .doc, .docx, .png, .jpg

It is the intent of the University of California, San Diego (UC San Diego) to develop and promote accountability, trust, and communication between the campus communities and the UCSD Police Department (UCSD PD).

To that end, UC San Diego has established a Police Accountability Board (PAB) to impartially review investigative reports related to allegations of police misconduct and to make recommendations in a timely manner regarding complaints filed by members of the public against the UCSD PD.

UC San Diego encourages its community and the public to bring forward such complaints. Through various public forums, the PAB also solicits information and input from the public and its constituent groups.

The PAB may also make policy, procedure, and training recommendations.

If you are experiencing an emergency, please call 9-1-1. If you wish to file a complaint against a civilian, please call the UCSD PD non-emergency line at (858) 534-4357 or view their [reporting crime page](#).

This form is intended for people who wish to file a complaint against a UC San Diego Police Officer(s) for misconduct and who seek formal responses from the independent Police Accountability Board. If you are not such a complainant and do not seek formal investigation, you may instead want to fill out the PAB's Feedback/Suggestion Form (<https://pab.ucsd.edu/feedback-form/index.html>).

Complainant Details

The option to remain anonymous is available to the complainant. Please note that without contact information, the PAB will not be able to ask any follow up questions and/or notify the complainant of any updates in the investigation.

First Name:	
Last Name:	
Email:	
Mailing Address:	
Primary Phone Number:	
Age:	
Gender:	
Ethnicity:	

If you received any injuries as a result of this incident, please describe them here:

--

Incident Narrative

Date of Incident:	(mm/dd/yyyy)
Time of Incident:	AM / PM
At which UC San Diego Location did the alleged violation occur?	<input type="checkbox"/> UCSD main Campus <input type="checkbox"/> UCSD Health Campus
Where specifically on either the Main Campus or the UCSD Health Campus did the alleged violation occur?	
Please describe the incident that forms the basis of your complaint. It is important that you include a detailed, factual description of the incident.	

Allegations

Please check the allegation(s) that you think apply (allegations will ultimately be determined by PAB staff).

Note: Review the next page to view all the allegations before checking what applies.

- Discourtesy (abusive or obscene language, failure to provide information, failure to respond)
- Discrimination (prejudicial treatment based on disability, gender, nationality, race or ethnicity, and/or religion)
- Harassment (consistent, deliberate annoyance through repeated contacts)
- Improper Arrest
- Improper Citation
- Improper Detention
- Improper Police Tow
- Improper Police Procedures (damage to, confiscation of , or failure to return property; failure to identify oneself or no badge visible, and/or making false statements)
- Improper Search (of home, person, or vehicle)
- Improper Seizure (of person, property, or vehicle)
- Improper Use of Force (improper physical contact; use of baton, firearm, handcuffs, mace, pepper spray, etc.); unnecessary display of firearm
- Inadequate or Improper Investigation (Failure to investigate or make police report; false or improper police report)
- Other/Unsure:

Police Officer Information

If the following information about the officer in question is known, please provide it below:

Badge Information:	
Name of Police Officer:	
Gender of Police Officer:	
Identifying Characteristics of Police Officer:	

Witness Information

The option to remain anonymous is available to the complainant and witnesses. If a listed witness does not want to be involved in the complaint form and/or investigation, they can remove their names from this form.

Witness 1	Witness 2	Witness 3
Name:	Name:	Name:
Address:	Address:	Address:
Email:	Email:	Email:
Phone Number:	Phone Number:	Phone Number:

Certification

Please check that you have read, understand, and agree to the following statement and sign and date below:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THE OFFICE OF INVESTIGATION FOR AT LEAST FIVE YEARS.

This complaint form is in accordance with the process set forth under Penal Code Section 832.5

Signature

Date