# Complaint Form

To start an administrative complaint against an Austin Police Officer, please complete this form and submit it to the Office of Police Oversight (OPO) via email, mail or in person. The OPO is NOT part of the Austin Police Department. Your complaint can be anonymous. By telling us about your experience, you help us better serve you and your community. **If you choose to provide your contact information, you will be contacted in 2 to 4 business days.**

<table>
<thead>
<tr>
<th>Name (optional):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (optional):</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone (optional):</td>
<td>Email (optional):</td>
</tr>
</tbody>
</table>

What happened? Describe your experience with the Austin Police Department.

Where did it happen?

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Officer:</td>
<td>Officer Badge Number:</td>
</tr>
</tbody>
</table>

How did you hear about us?

**Did you receive a ticket during this interaction?**

- [ ] Yes
- [x] No

**Were there any witnesses? If yes, please list.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Email:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Witness(es):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Name:</td>
<td></td>
</tr>
</tbody>
</table>

**Demographic Data** (optional) The Office of Police Oversight collects this data to help us determine who is having contact with the Austin Police Department.

**How do you identify your gender?**

- [ ] Male
- [ ] Female
- [ ] Non-binary
- [ ] Prefer not to say

**Age:**

- [ ] 18 – 24
- [ ] 25 – 34
- [ ] 35 – 44
- [ ] 45 – 54
- [ ] 55 – 64
- [ ] 65 - older

**How do you identify your race/ethnicity?**

- [ ] White or Euro-American
- [ ] Black, Afro-Caribbean, or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Prefer not to say

- [ ] Latino or Hispanic American
- [ ] South Asian or Indian American
- [ ] East Asian or Asian American
- [ ] Other: _______________________.
- [ ] Middle Eastern or Arab American
- [ ] Native American or Alaskan Native
- [ ] Other: _______________________.

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Office Hours: Monday – Friday 8:00 am – 5:00 pm  
1520 Rutherford Ln, Austin, TX 78754  
Email: policeoversight@austintexas.gov  
Complaint Line: 512.972.2676 Fax: 512.974.6306  
www.ATXPoliceOversight.org