



CITY OF BOISE OFFICE OF THE COMMUNITY OMBUDSMAN

PO Box 500 • Boise, ID 83701-0500
150 N. Capitol Boulevard • Third Floor • Boise, Idaho 83702
Phone (208) 395-7859 • Fax (208) 395-7878
E-mail: mailbox@boiseombudsman.org • Website: www.boiseombudsman.org

I wish to file a: (please check one)

- Commendation Complaint Appeal Suggestion Inquiry

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____
Date of Incident: _____ Time of Incident: _____ A.M./P.M. (circle one)
Officer(s)/Employee(s) Involved: Name(s) and/or Description: _____

_____ DR # _____ - _____

STATEMENT/DESCRIPTION OF INCIDENT

Please Describe the Incident in Detail: _____

(You may use additional sheets or submit a separate written statement)

- Have you already filed a complaint about this incident with the Boise Police Department or some other agency? Yes No
- If yes, on what date was the complaint filed and with whom? _____
- If yes, what was the outcome of your complaint? _____

(Please Fill Out Back)

WITNESSES/OTHERS INVOLVED

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Involvement: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Involvement: _____

(You may use additional sheets if necessary to list other involved persons)

PERSONAL INJURY

Were you injured by police, or during your contact with police? Yes No

Describe Injuries: _____

Did you seek medical treatment? Yes No Date of treatment: _____

Name and address of doctor or hospital where you were treated: _____

DESIRED OUTCOME

Please specify what outcome you are seeking: _____

TRUTHFULNESS: The Office of the Community Ombudsman exists to ensure professional and accountable law enforcement for the citizens of Boise. Honest feedback is essential to maintaining a police department that is both trustworthy and responsive to the community. Therefore, it is critical that truthfulness be maintained in the filing and investigation of complaints against the police. It is a misdemeanor criminal offense to knowingly provide false information to a public official. Your signature below is your acknowledgement that you understand this and are committed to truthfulness in this process.

I certify that the foregoing information is true to the best of my knowledge:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Signature of Complainant (or parent/guardian if Complainant is under 18)

OFFICIAL USE ONLY

REPORT RECEIVED BY: _____ DATE/TIME: _____

CASE NUMBER: _____