



# CITY OF BOISE OFFICE OF POLICE OVERSIGHT

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**TRUTHFULNESS:** The Office of Police Oversight exists to ensure professional and accountable law enforcement for all people. 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.

## INFORMATION ABOUT YOU

Last Name		First Name		Middle Initial
Date of Birth	Ethnicity		Age	Gender Identity
Street Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	

## INFORMATION ABOUT THE INCIDENT

Location of the incident			
Date of Incident		Time of Incident	Boise Police Case # (If Known)
Officer(s) / Employee(s) Involved (If Known)			
Were You Injured? YES      NO		If So, Describe Your Injury	
Did you receive medical treatment? YES      NO		When did you receive treatment?	Who treated you? (Doctor's Name)
Did you file a complaint with BPD? YES      NO		If So, When?	What was the outcome of your complaint?
What Outcome Are You Seeking From Us?			

## WITNESS INFORMATION

(Please list anyone who may have witnessed the incident including those who were accompanying you at the time of the Police Contact)

Name (If Known)	Address (If Known)	Phone (If Known)
Name (If Known)	Address (If Known)	Phone (If Known)
Name (If Known)	Address (If Known)	Phone (If Known)
Name (If Known)	Address (If Known)	Phone (If Known)

I certify that the information that I have provided on this form is true to the best of my knowledge.

Signature	Printed Name	Date
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Parent or Guardian must sign for complainants under 18 years of age.

