



Albany Police Department
&
Community Police Review Board

COMPLAINT FORM Overview



The City of Albany's Community Police Review Board (CPRB) encourages any person who believes they have a well-founded complaint of alleged police misconduct to file a complaint with the CPRB and/or Albany Police Department (APD). Alleged misconduct includes but is not limited to: complaints of excessive use of force or violation of civil rights (including complaints pertaining to sexual orientation). As required by law, all complaints must be filed within 180-days of the date of incident that created the complaint.¹

The goals of the CPRB are to:

- improve communication between the Police Department and the community,
- increase accountability and credibility with the public, and
- create a timely and effective complaint review process that is free from bias and informed on best police and investigative practices.

Because of the important public trust exercised by all members of APD and the importance of maintaining that trust and the integrity of APD, it is the responsibility of APD to promptly and thoroughly investigate every complaint or accusation made against a police officer in order to protect that officer, APD, and the residents of the City of Albany.

The CPRB recognizes that completing the Complaint Form and/or filing a complaint can be intimidating and stressful. To assist with the filing of a complaint and/or monitoring the complaint process, the CPRB has coordinated with civic groups and organizations to provide this service. The CPRB believes that this assistance to individuals who wish to file a complaint not only benefits the individual, but also the community of Albany, APD, and the City.

- The below listed organizations have agreed to assist to people with filing complaints and completing the Complaint Form and, when request, can provide support and assistance during the course of any resulting investigation.

A completed Form may be submitted:

- in person at any station of the Albany Police Department;
- in person at or mailed to The Community Police Review Board 175 Central Ave., Room 516, Albany, NY 12206; or
- by email to cprb@albanyny.gov.

The Complaint Form **MUST** be signed by the complainant herself /himself.

For more information about the CPRB or to submit a complaint online, please visit our website at <https://www.albanyny.gov/865/Community-Police-Review-Board>.

¹ See Albany N.Y. City Code part 33, ch. 42 § 42-343 (A).

Organizations for Complaint Forms & Assistance

Albany Community Development Agency

200 Henry Johnson Boulevard, Albany, NY 12210 • Phone: 518.434.5240
<https://www.albanyny.gov/159/Albany-Community-Development-Agency>

Albany Housing Authority - Administration Building

200 South Pearl Street, Albany, NY 12202 • Phone: 518.641.7500
<https://www.albanyhousing.org/>

Center for Law & Justice

220 Green Street, Albany, NY 12202 • Phone: 518.427.8361
<https://www.cflj.org/>

New York Civil Liberties Union - Capital Region Chapter

41 State Street. Suite 612, Albany, NY 12207 • Phone: 518.436.8594
<https://www.nyclu.org/>

Pride Center of the Capital Region

332 Hudson Avenue, Albany, NY 12210 • Phone: 518.462.6138
<https://capitalpridecenter.org/>

Additional Locations for Complaint Forms

Albany Public Library – All Branches

<https://www.albanypubliclibrary.org/locations/>

Citizen Action of New York

94 Central Ave, Albany, NY 12206 • Phone: 518.465.4600
<https://citizenactionny.org/>

Albany Law School - Government Law Center

2 Notre Dame Drive, Albany, NY 12208 • Phone: 518.445.2329
<https://www.albanylaw.edu/government-law-center>

State University at Albany - EOP Office

1400 Washington Avenue, LI94, Albany, NY 12222 • Phone: 518.442.5180
<https://www.albany.edu/eop>



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****Please provide as much information as possible and attach additional pages as needed****

Name of Individual filing complaint: _____

Street Address: _____

City / State / Zip Code: _____ **Phone:** _____

Email Address: _____

Optional Information:

The following information is optional and being collected for statistical purposes. Providing of the below information is not required and declining to provide the information will not affect the outcome of any investigation.

Gender: _____ Race/Ethnicity: _____ Age: _____ Occupation: _____

Identification of Police Department Employee(s) involved in incident, if known:

Name: _____ Shield No.: _____ Vehicle No.: _____

Description: Gender: _____ Race/Ethnicity: _____ Wearing Uniform? Yes or No

Name: _____ Shield No.: _____ Vehicle No.: _____

Description: Gender: _____ Race/Ethnicity: _____ Wearing Uniform? Yes or No _____

Witnesses to the incident and/or individuals with relevant knowledge. Provide names, addresses, phone numbers, and/or email addresses.

Person assisting in completing this complaint:

Name: _____ Agency/Affiliation: _____

Street Address: _____

City / State / Zip Code: _____ **Phone:** _____

Details of the Complaint. The more details the better. Please include any knowledge of any one else submitting a compliant for this same incident. Attach additional pages as needed.

Date / Time / Location of Incident: _____

Description of Incident: _____

By signing below, I understand that it may be necessary during any complaint investigation for me to meet with employees of APD and/or the CPRB to discuss the facts and circumstances of this complaint. By signing below, I understand that my complaint may result in a legal proceeding where my testimony may be needed and hereby agree to make myself available if required to do so.

By signing below, I hereby swear or affirm that the above information is true, complete, and accurate to the best of my knowledge and belief.

Signed: _____ **Date:** _____