



CITY OF NEW ORLEANS

DEPARTMENT OF POLICE

715 South Broad Street
New Orleans, LA 70119



Helena Moreno
MAYOR

"to protect and to serve"

Anne E. Kirkpatrick
SUPERINTENDENT

PUBLIC INTEGRITY BUREAU INITIAL INTAKE FORM
(circle one)
COMMENDATION OR COMPLAINT

(NOPD Only) PIB CTN #: Today's Date: Time:
Complainant's Last Name: First Name: Race: Sex: DOB:
Address: City: State: ZIP:
Contact #1: Email: Phone:
Contact #2: Email: Phone:

Location(s) Incident Occurred:

Date & Time Incident(s) Occurred: NOPD Item #:

Do you have a COMMENDATION for, or COMPLAINT against, an NOPD employee? (Circle one)

Accused Officer 1: Rank: Badge #:

Accused Officer 2: Rank: Badge #:

(Please list additional officers in narrative) Were you directly involved in the incident? YES / NO

Please list the names and contact information for all witnesses:

Were you arrested? YES / NO Did you receive a ticket and/or summons for this incident? YES / NO

Were you injured during this incident? YES / NO If so, did you seek medical attention? YES / NO

If injured, please describe the injury and how it occurred.

The below section is to be completed by NOPD supervisors ONLY*****

If this is a public complaint, immediately obtain a complaint tracking number and provide it to the complainant along with a copy of this form. Was the complainant provided with a Complaint Tracking Number? YES NO (If no, explain why)
Was the complainant's interview recorded? YES NO (If no, explain why)

