



CITY OF NEW ORLEANS



DEPARTMENT OF POLICE

P.O. Box 51480 New Orleans, Louisiana 70151

LATOYA CANTRELL
MAYOR

"to protect and to serve"

MICHELLE M. WOODFORK
INTERIM 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 2: 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. Submit this form to PIB before your tour of duty ends. Was the complainant's interview recorded? YES / NO (If no, explain why)

Shift designation (Circle One) 1st 2nd 3rd Duty Status (Check One) On duty Off

Please print your name: Rank: Assignment:

Signature: Phone #: Today's Date:



