



Disclaimer: Submitting this report is NOT the same as filing a Notice of Claim, which is required for filing a lawsuit against The City of Rochester for money damages. For more information about filing a Notice of Claim, please call The City of Rochester Law Department at (585) 428-6949 or visit www.cityofrochester.gov

Police Accountability Board (PAB) Report Submission Form

By submitting your contact information below, you authorize the Police Accountability Board (PAB) to contact you regarding this report and share the provided contact and incident details with other city agencies and affiliates as necessary. The Board will redact and safeguard certain personally identifiable information in accordance with applicable local, state, and federal laws. However, some information may be disclosed publicly when required or permitted by law.

Reporter Information

- Full Name: _____
- Address: _____
- City: _____
- State/Province: _____
- Country: _____
- Zip Code/Postal Code: _____
- Primary Phone #: _____
- Secondary Phone #: _____
- Email Address: _____
- Date of Birth: ____ / ____ / ____

Reason for Submitting This Report

- ☐ Officer Misconduct Complaint
- ☐ Policy & Oversight



Reason for Submitting This Report

- ☐ I experienced the incident
- ☐ I heard about the incident
- ☐ I witnessed the incident

Types of Incidents

Please select the incident type(s) related to your report:

- ☐ Discourtesy
- ☐ Abuse of Authority
- ☐ Discrimination
- ☐ Failure to Act
- ☐ Falsification
- ☐ Other
- ☐ Response to Protest
- ☐ Search & Seizure
- ☐ Use of Force
- ☐ Wrongful Arrest
- ☐ Policy & Oversight

If "Use of Force" is selected, please indicate the subtype(s):

- ☐ Baton
- ☐ Bean Bag
- ☐ Pain Compliance
- ☐ Pepper Spray
- ☐ Shooting
- ☐ Show of Force
- ☐ Taser
- ☐ Unarmed Strikes (Punches/Kicks)
- ☐ Other



Policy & Oversight Activity

- **Select Activity Type:**
 - ☐ Proposal for Change
 - ☐ Oversight Investigation
-

Accessibility Information (Required)

- **Do you require interpretation or translation services?**
 - ☐ Yes
 - ☐ No
 - **Do you require any accommodation?**
 - ☐ Yes
 - ☐ No
-

Jurisdictional Information (Required)

1. **Did the incident occur within the City of Rochester?**
 - ☐ Yes
 - ☐ No
 2. **Did the incident involve an RPD officer?**
 - ☐ Yes
 - ☐ No
 3. **Did the incident involve an arrest?**
 - ☐ Yes
 - ☐ No
 4. **Have you hired an attorney?**
 - ☐ Yes
 - ☐ No
 5. **Have you filed a lawsuit/Notice of Claim against the City of Rochester?**
 - ☐ Yes
 - ☐ No
-



Priority Information (Required)

1. **Did this incident involve (check any that apply):**
 - ☐ ☐ Death
 - ☐ ☐ Severe Injury
 - ☐ ☐ Mass Police Response
 - ☐ ☐ Sexual Assault
 - ☐ ☐ Shooting
 2. **Did the incident involve a minor under the age of 18?**
 - ☐ ☐ Yes
 - ☐ ☐ No
 3. **Have you previously submitted a report to PAB about this incident?**
 - ☐ ☐ Yes
 - ☐ ☐ No
 4. **Have you filed a complaint elsewhere?**
 - ☐ ☐ Yes
 - ☐ ☐ No
-

Incident Information (Required)

1. **Do you have evidence available?**
 - ☐ ☐ None
 - ☐ ☐ Other (Please list below)
2. **Please list any available evidence:**

3. **Date of Incident:**
 - ☐ / /
4. **Time of Incident:**
 - ☐ ☐ AM
 - ☐ ☐ PM



5. Incident Location:

(Please provide address, landmarks, nearby businesses, or neighborhoods)

6. Details of the Incident:

(If additional space is needed, please use the back of this form.)

7. Preferred Contact Information (please provide available methods of contact, such as phone, email, etc.):

8. Would you like a copy of the complaint you submitted today?

- ☐ Yes
- ☐ No

Parties Involved

Reporter(s):

- Name: _____
- Contact Information: _____
- Additional Details: _____



Witness Information

Witness #1:

- Name: _____
 - Contact Information: _____
 - Relationship to Reporter: _____
 - Testimony/Summary: _____
- _____
- _____

Witness #2:

- Name: _____
 - Contact Information: _____
 - Relationship to Reporter: _____
 - Testimony/Summary: _____
- _____
- _____

Officer Information

Officer(s):

- **Name:** _____
- Rank/Position: _____
- Race/Ethnicity: _____
- Report/Action Taken: _____
- **Name:** _____
- Rank/Position: _____
- Race/Ethnicity: _____
- Report/Action Taken: _____
- **Name:** _____
- Rank/Position: _____
- Race/Ethnicity: _____
- Report/Action Taken: _____
- **Name:** _____
- Rank/Position: _____
- Race/Ethnicity: _____
- Report/Action Taken: _____



Reporter Demographic Data (Optional)

Pronouns:

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Prefer Not to Disclose
- ☐ Other: _____

Gender:

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Prefer Not to Disclose
- ☐ Other: _____

- Race/Ethnicity: _____
- Age: _____
- Disability:
 - ☐ Yes
 - ☐ No
- **Employment Status:** _____
- **Are you a current employee of the RPD?**
 - ☐ Yes
 - ☐ No
- **Is English your first language?**
 - ☐ Yes
 - ☐ No
- **How did you hear about the PAB?**

Authorization & Certification

By submitting your information, you authorize the Police Accountability Board to contact you regarding this report and to share the details with relevant city agencies as necessary. Your personal information will be handled in accordance with applicable local, state, and federal laws, including redaction when necessary.



- **PIN for Future Verification:** [_____] (Please create a 4-digit PIN for future reference. This PIN should be a number that you will remember, as you will need it to receive updates)
 - **Certification:**
I hereby certify that to the best of my knowledge, all information in this Report Form is true.
 - ☐ **Agree**
-