City of Madison Date: \_\_\_\_\_\_\_\_\_\_

Office of the Independent Police Monitor

Intake Form

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| --- | --- | --- | --- | --- | --- | --- |
| First Name |  | Middle |  | Last Name |  | |
|  | |  | *I wish to remain Anonymous* | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | | | | | |
| Preferred mode of communication |  | | | | | | | | | |
| Mailing Address |  | | | | | | | | | |
| City, State | |  | | | Zip |  | | | | |
| Phone Number |  | | | Voicemail OK? | | |  | Yes |  | No |
| Secondary Phone |  | | | Voicemail OK? | | |  | Yes |  | No |
| Email Address |  | | | WhatsApp | | |  | | | |
| What are the best days/times to contact you? | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Incident Information (Please include as much information as possible)** | | | | | |
| Did the incident involve a member of the Madison Police Department? |  | Yes | Note: The Office of the Independent Monitor and the Police Civilian Oversight Board’s jurisdiction is limited to the Madison Police Department. Complaints involving other law enforcement agencies will be forwarded to the appropriate agency, if known. | | |
|  | No |
|  | Unknown |
| How were you involved in the incident?  It happened to me  I witnessed it | | | | | |
| I heard about it AND  I do not wish to disclose where I heard about it | | | | | |
| I wish to disclose where I heard about it: | | | | | |
| Incident Date(s) |  | | | Incident Time(s) |  |
| Incident Location |  | | | | |
| Names of Officers |  | | | | |
| Badge Numbers |  | | | | |
| If name or badge number is not known, please provide a physical description of the officer(s), include any distinguishing marks/tattoos as well as approximate age, weight, height, race, and gender: | | | | | |
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|  | | | | | |
| To the best of your knowledge, please list all the agencies/departments that were **present** at the incident (e.g. Madison Police, Dane County Sherriff’s Office, Madison Fire Department, etc.] | | | | | |
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| Please describe the incident to the extent you feel comfortable.  You may use additional paper or the back of the page if you would like to. |
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| Please identify the specific actions by the officer(s) you wish to highlight: |
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| What actions would you like to see taken in response? |
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| Have you already or do you plan to report this incident to any other agencies? Which ones and when? |
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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographic Information** | | | | | | | | | |
| Home Address (if different from above) | |  | | | | | | | |
| City, State | |  | | | | | Zip |  | |
| Date of Birth | / / | | Gender | |  | Sexual Orientation | | |  |
| Race/Ethnicity (mark all that apply) | | Black/African American Asian Hispanic/Latinx Indigenous Arabic Semitic Pacific Islander  White  Other: | | | | | | | |
| Do you have a Disability? Yes No | | | | Is your Disability related to the incident? Yes No | | | | | |
| If applicable, please list your disability here: | | | | | | | | | |

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| --- |
| To better serve the Madison community, please share with us how you heard about the Office of the Independent Monitor and/or the Police Civilian Oversight Board: |
|  |
|  |

City of Madison Date: \_\_\_\_\_\_\_\_\_\_

Office of the Independent Police Monitor

Intake Form

**\*\*COVER SHEET\*\***

**Step 1: Complete this Form and Submit it to the Office of the Independent Monitor (OIM)**

Please provide as much information as possible when completing this form. If you do not feel comfortable sharing your identity, your Intake Form will continue to be processed regardless. Please note however that the Office may need to contact you to conduct a full investigation. Upon completing the form, please deliver it to Room 501 of the City County Building or email it to oim@cityofmadison.com.

**Step 2: Meet with the Independent Monitor**

After the OIM has received and reviewed this completed form, you will be contacted by an OIM staff member to schedule a time to meet with the Independent Monitor. The purpose of this meeting will be to discuss your Intake Form, and any additional details needed to conduct an investigation. This meeting does not need to be attended alone. You may bring anyone with you that you wish for support or assistance.

**Step 3: Investigation of Complaint**

OIM will contact you to let you know if a full investigation is being opened for your complaint. OIM staff will schedule regular check-in meetings between you and the Independent Monitor at this time.

**Step 4 (if you wish): Mediation with MPD, accompanied by the Independent Monitor**

If you are comfortable doing so, a mediation with MPD can be arranged concerning your complaint. You would not need to be alone in such a mediation and may be accompanied by the Independent Monitor and/or your own legal counsel.

**Step 5: Meet again with Independent Monitor to review the OIM’s conclusion of the investigation.**

Upon completion of the investigation, you will be invited to another meeting with the Independent Monitor. At this meeting, the Independent Monitor will detail their Final Report on your complaint. The purpose of this meeting is to ensure you are satisfied with the scope of the investigation. If needed, Steps 3 and 4 will be repeated after this step.

**Step 6: Publishing of the OIM’s Final Report**

Once the Final Report is completed, it will be presented to the Police Civilian Oversight Board. You will be invited to meet with the PCOB in Closed Session to discuss the report privately with the Board and your feedback for the OIM.