# City of Madison Office of the Independent Police Monitor Intake Form

Date:
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Preferred mo											
communica											
Mailing Add	dress	0 0	<u> </u>	1							
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Phone Nun							icemail OK?		Yes		No
Secondary P						Voicemail OK?			Yes		No
Email Add		4			WhatsApp						
What are th	e best da	ys/time	es to c	contact y	ou?						
	Incide	nt Info	rmati	on (Place	eo includo as	much	information a	c noce	ible)		
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of the Ma		-=+				_	omplaints invol				
Police Depar			Unkn	lown	igencies will b	e forwa	rded to the app	ropria	te agency	, if kn	own.
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inciden	t (e.g. Ma	adison F	Police	, Dane Co	ounty Sherrif	f's Offi	ce, Madison F	ire De	partmer	it, etc	.]
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OIM Reference Number: \_\_\_-\_-

Pleas	e identify the specific actions by the officer(s) you wish to highlight:					
	What actions would you like to see taken in response?					
Have you already or	do you plan to report this incident to any other agencies? Which ones and when?					
	Demographic Information					
Home Address (if	ÿ .					
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:						
ii applicable, please	not your disability ficite.					
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:						

OIM Reference Number: \_\_\_-\_\_-

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Date:	

#### \*\*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.

OIM Reference Number:	_	-	
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