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## PURPOSE

The Community Report Form is primarily for reporting incidents that pertain to the conduct of Oakland Housing Authority Police Department members. It may be used to document information regarding employee commendatory acts or misconduct. In addition, it can be used to offer constructive criticism regarding policies, or to report any activities or conditions requiring immediate police attention.

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## PROCEDURE

The department welcomes all comments pertaining to the quality of service provided and the conduct of its personnel. Your comments provide an open channel of communication between the department and the community at large.

The department maintains effective procedures for reporting, investigating, and resolving allegations of misconduct, as well as recognizing meritorious acts. It provides a consistent approach to the investigation and adjudication of all complaints against its employees.

There are four ways you can report an incident to the department:

1. Make your report in person at the police department, located at:  
1180 25<sup>th</sup> Avenue, Second Floor  
Oakland, California
2. Call the Police Department at (510) 535-3100 and provide the information requested.
3. Email the Police Department at [ohapd@oakha.org](mailto:ohapd@oakha.org)
4. Mail this form or a letter to:  
Chief of Police  
Oakland Housing Authority  
Police Department  
1180 25<sup>th</sup> Avenue  
Oakland, CA 94601

When you complete this form, we ask that you provide specific information relevant to the incident in the space provided on the opposite side of this form.

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## DISPOSITION

The person filing this report will be advised in writing of the results. This department is committed to professionalism and efficiency and maintains a system of responding to comments and complaints.

It is the goal of the department to ensure that the agency's integrity is maintained through a system of internal discipline, where objectivity and fairness are assured by impartial investigations and review.

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# COMMUNITY REPORT FORM

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## ORGANIZATIONAL VALUES

1. Excellence in everything we do
2. An environment of teamwork and trust
3. Appreciating the value of each employee
4. A commitment to Authority residents and staff – a service mentality
5. Executing details well
6. Integrity in the conduct of our business
7. A partnership with the community at large for the execution of our goals

**OAKLAND HOUSING AUTHORITY  
POLICE DEPARTMENT  
1180 25<sup>th</sup> AVENUE  
OAKLAND, CA 94601  
[www.ohapd.org](http://www.ohapd.org)**





# OAKLAND HOUSING AUTHORITY

## POLICE DEPARTMENT



Effective January 1, 1996, the State of California added Section 148.6 to the California Penal Code. If your report is a complaint, this section makes it a crime to file an allegation of misconduct against any police officer, ***knowing the report to be false***. Therefore, the following statement is added and requires the signature of the complaining person.

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

**IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.**

I have read and understand the above statement. \_\_\_\_\_  
Complainant Signature Date

**Personal Information**

**Employee(s) Involved**

Name: _____	Name: _____	Sex: _____
Address: _____	Ethnicity: _____	Badge #: _____
City: _____ Zip Code: _____	Name: _____	Sex: _____
Telephone: _____ Email: _____	Ethnicity: _____	Badge #: _____

**INCIDENT INFORMATION**

Date: \_\_\_\_\_ Day of the week: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Location: \_\_\_\_\_

Was anyone else present?  Yes  No Provide names of witnesses, addresses and phone numbers on a separate sheet.

Briefly describe the incident. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_