ALABAMA LAW ENFORCEMENT AGENCY/SBI CRIMINAL JUSTICE INFORMATION SERVICES DIVISION





Purpose: This form is for the collection of information by a victim of or a witness to an allegation of <u>excessive</u> use of force by a law enforcement officer. When complaints are made to law enforcement agencies, this form should be used and submitted to ALEA at the address below. (§41-27-12 Code of Alabama). If more than one officer, indicate below and submit a separate form for each officer.

Allegation Info	ormation								
Complainant	□ Victim □ Witne	Race	☐ Unknown ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black/African American ☐ White ☐ Other						
	Address		Phone		Email				
Law Enforcement Agency									
Officer	Name Badge Number (if known):	Race	 ☐ Unknown ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black/African American ☐ White ☐ Other 						
More than one	officer? ☐ (if checked, submit a sepa	rate form for each of	ficer)						
Complaint	To best of your ability, describe the incident, included the incident of the i	ding injuries claimed to be ca	used by alleged e	xcessive force. E	explain why it is though	to be excessive.			
Date			Time						
Location									
Was medical treatment required for any party as a result of this complaint? ☐ Yes ☐ No									
The information conta best of my recollection	ined in this complaint is true and correct to the n.	Send this com	pleted form	for each alle	egation of exces	sive force.			
Signature of Complain	ant Date								
Notary Seal My Commission Expire Notary Signature	os:	ATTN: Incident Reporting Unit Call ALEA			Any questions? Call ALEA at 334-676-7700				

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ALLEGATION OF EXCESSIVE FORCE

ALEA USE ONLY										
Received by					Date Received					
Processed by					Date Processed					
Court Action										
Was court action taken against the person alleged to have used excessive force?		□ Yes	□ No	□ Unknown	□ Pending					
	Court					Date				
If Yes	Disposition	of Court Action								
Local Agency Review										
Did local agency review?		□ Yes	□ No	□ Unknown	☐ Pending					
If Yes	Deter Unfo Four		If founded,	list final det	ermination:					

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