



**Durham Civilian Police Review Board
Request for Appeal Hearing**

Your Name: _____

Your Address: _____

Your Telephone Number: _____ (Day) _____ (Evening)

Name of officer/employee you filed a complaint about: _____

* Date you received letter from Police Dept. about its investigation: _____, 20____

Describe briefly why you believe the Police Department's investigation was in error:

Check here if you have attached additional pages or copies of any documents: _____

Witnesses who would testify if the Board decides to grant your request for a hearing:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read the information about the Durham Civilian Police Review Board on the back of this form and hereby request that the Board grant me an appeal hearing.

Signed _____ Date _____, 20____

*File with: City Clerk, City Hall, 101 City Hall Plaza, Durham, NC 27701, within 14 days of**