Citizen Review Board

100 Grinnell Street, Key West, FL 33040
PO Box 1946, Key West, FL 33041
(305) 809-3887 Fax (305) 293-9827
e-mail: crb@cityofkeywest-fl.gov

What you need to know before completing the attached complaint form:

- This complaint and any attachment become public record. If you have already filed a report with the Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing a complaint with the CRB at this time.
- Complaints should be filed as soon as possible of the time you became aware of the incident or after resolution of any criminal charges.
- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB and such pending charges may delay the progress of the investigation of your complaint with the CRB. Further, any statements made to the CRB are public record and can be used by anyone to incriminate the complainant. All statements will be uploaded to the internet.
- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.
- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.
- All CRB meetings are televised and archived on the City of Key West web-site. By attending a CRB meeting you may be shown on camera.
- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.
- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

Name/Nombre

2-27-2015
Date/Fecha

1. CRB Control #
18-001

COMPLAINT FORM
Citizen Review Board

PO Box 1946, Key West, FL 33041
http://www.cityofkeywest-fl.gov
email: crb@cityofkeywest-fl.gov
(305) 809-3887 Fax (305) 293-9827

2. Day, Date, Time Complaint Received
3/1/2018 11:00 AM

3. KWPD Control System #

Please provide as much information as you can about the incident(s). Use additional pages if necessary.
Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

A. COMPLAINANT INFORMATION
DATOS DEL DENUNCIANTE

Name/Nombre: JOHN L. ALPERT JR Date of Birth/Fecha de nacimiento: 06-15-1960

Address/Dirección Street: 1413 16th ST (Ciudad) City: KEY WEST (Estado) State: FL (Código Postal) Zip: 33040

Mailing Address/Dirección postal: 1413 16th ST. KEY WEST, FL 33040
PO Box or Street, City, State and Zip

E-Mail Address/Dirección e-mail: JACK.ALPERT@YAHOO.COM

Home Phone/Teléfono Particular: (___) _____ Work Phone/Teléfono del Trabajo: 305-292-4376 Cellular/Celular: 703 963-7795

B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery | Rudeness | (Deficient Service) | Truthfulness | Driving | False Arrest | (Excessive Force) | Searches | Other

C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT
DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name/Nombre: KATHRYN HANSELL Badge #/Placa No: 31062 Vehicle #/Patrulla No.: _____

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

Name/Nombre: S.S. STANDERWICK Badge #/Placa No: 02164 Vehicle #/Patrulla No.: _____

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

Name/Nombre: J.P. CALVERT Badge #/Placa No: 32222 Vehicle #/Patrulla No.: _____

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT
DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name: J. DEAN Badge #: 3386 Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

Name: J.T. CONATY Badge #: 3755 Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

Name: _____ Badge #: _____ Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

D. **VICTIM/WITNESS INFORMATION**
DATOS DE LA VICTIMA/TESTIGO

Did you witness the incident? Yes ____ No ✓
¿Fue usted testigo del incidente denunciado? Si ____ No ____

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relacion, si la hay, con esa(s) persona(s):

Parent ✓ Spouse ___ Relative ___ Guardian ___ Child ___ Friend ___ Other ___
Padre/Madre ___ Conyuge ___ Familiar ___ Tutor ___ Hijo/a ___ Amigo/a ___ Otra ___

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:
Suministre la mayor cantidad possible de la informacion que se solicita a continuacion, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

Victim/Witness #1
Victima/Testigo No. 1
Is this person a: victim ✓ witness ___
Esta persona es: victima ___ testigo ___
Name: NICHOLAS D. ALDEST
Nombre
Address: 3330 NORTHSIDE DR. City KEY WEST State FL
Dirección Ciudad: Estado:
Zip Code 33040 Contact numbers: Telephone _____ Cell 305.731.7519
Código Postal Teléfono

Victim/Witness #2
Victima/Testigo No. 2
Is this person a : victim ___ witness ✓
Esta persona es: victima ___ testigo ___
Name: CHAD GRAMLEY
Nombre
Address: 3330 NORTHSIDE DR City KEY WEST State FL
Dirección: Ciudad: Estado:
Zip Code 33040 Contact numbers: Telephone _____ Cell 305.766.5225
Código Postal Teléfono

Victim/Witness #3
Victima/Testigo No. 3
Is this person a : victim ___ witness ✓
Esta persona es: victima ___ testigo ___
Name: CURTIS JOHNSON
Nombre
Address: 3330 NORTHSIDE DR City KEY WEST State FL
Dirección: Ciudad: Estado:
Zip Code 33040 Contact numbers: Telephone _____ Cell 305.879.3283
Código Postal Teléfono

E. INFORMATION ABOUT THE INCIDENT
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.
Suministre la mayor cantidad de informacion possible, utilizando páginas adicionales si fuese necesario.

Date: Fecha: 2.22.18 Time: Approx. Hora: 9:30PM Location: Lugar: NORTHSIDE DR. Case # if applicable: 18-1037 No. de Caso, si corresponde: _____

ON THIS DATE AROUND 9:30 PM MY SON, NICHOLAS HAD A SEIZURE WHILE RIDING HIS BIKE HOME FROM WORK. HE HAS EPILEPSY AND HAS BEEN ON MEDICATION SINCE HE WAS 8 YEARS OLD, NOW 25 YEARS OLD. I DO NOT UNDERSTAND WHY THERE WAS POLICE BACK UP AND NO AMBULANCE. HE WAS DROPPED OFF AT LOWER KEYS EMERGENCY AND PHOTOGRAPHED AS A CRIMINAL. I HAVE RESPONDED TO MANY CALLS OF MY SON NEEDING AN AMBULANCE THROUGH THE YEARS BUT NEVER WITH AN OUTCOME LIKE THIS. THE ATTACHED PHOTO IS HOW HE LOOKED WHEN I ARRIVED AT THE E.R. COMPLETELY UNACCEPTABLE AND I WANT ANSWERS!

Attach additional pages if necessary. Page number ____ of ____ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes ____ No ✓

Have you ever been convicted of a felony? Yes ____ No ✓

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

Signature of Complainant

02.27.2018
Date signed

Complaint Received by:	Complaint Reviewed by:	Action Taken:
Date complaint forwarded to Chief of Police: _____		