

(234-8005)

Kansas City, Missouri Board of Police Commissioners
CITIZEN COMPLAINT REPORT

O.C.C. CONTROL NO. _____

TIME and DATE OF OCCURRENCE 7:25 PM 2-20-90		LOCATION OF OCCURRENCE 11th & Main (Jail)		TICKETS OR REPORT NUMBERS, ETC.	
COMPLAINANT'S NAME LAST FIRST Joseph Cartton		ADDRESS 3325 C. 11th Ave		TELEPHONE NO. 951-3011	
CITY KC	STATE MO	ZIP CODE 641102	EMPLOYER'S NAME		TELEPHONE NO.
CO-COMPLAINANT'S NAME		ADDRESS		CITY/STATE/ZIP	TELEPHONE NO.
NAME OF POLICE DEPARTMENT MEMBER COMPLAINED OF (If unknown, provide description of officer and type of duty performed, e.g., foot, auto, detective, etc.) Boyd				CIRCLE B S B S B S	BADGE OR SERIAL NO. 13033
					ELEMENT OF ASSIGNMENT Finger Printing
NAME OF WITNESS		ADDRESS		APT/FLOOR	RELATIONSHIP

DETAILS OF COMPLAINT (Use reverse side of form if more space is required.)

Officer used undue force to force me to wear a hospital mask while being finger printed. I now have a injured ^{AT} shoulder and neck. Due to the misinformed attitudes of this city's police dealing with persons with HIV. I also feel the entire departments of both Winwood station & Downtown need better educated.

I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making false declarations to public servants or untrue statements under oath or affirmation are punishable by law as a felony or misdemeanor.

SIGNATURE OF COMPLAINANT

Joseph Cartton

INSTRUCTION FOR COMPLAINANT: The Director, Office of Citizen Complaints, will contact you in writing in the near future regarding the investigation of your complaint.

ATTORNEY'S NAME	ADDRESS	TELEPHONE NO.	☐ PRESENT WITH COMPLAINANT ☐ FILED COMPLAINT (CHECK IF APPLICABLE)
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SIGNATURE OF CO-COMPLAINANT, ATTORNEY, PARENT OR GUARDIAN

DEPT. MEMBER RECEIVING COMPLAINT			
RANK Sgt	SIGNATURE <i>[Signature]</i>	SERIAL # 2386	DATE 2-21-91
		TIME 1:10	LOCATION 4

BOARD OF POLICE COMMISSIONERS

1125 LOCUST STREET

MEMBERS

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MEMBER

KANSAS CITY, MISSOURI 64106

July 8, 1991

CATHY DEAN
SECRETARY-ATTORNEY

Mr. Joseph Carlton
3325 Gillham
Kansas City, Missouri 64108

Dear Mr. Carlton:

Thank you for your interest in the conduct of a member of this police department. With reference to your complaint filed on February 21, 1991, in which you describe excessive use of force on the part of Detention Facility Officer Curtis Boyd of this department, please be advised of the following.

The staff of the Office of Citizen Complaints has reviewed the investigation of your complaint and was unable to establish sufficient evidence to bring action against the member. The staff has therefore recommended that no action be taken, and Deputy Chief of Police Robert L. Wesley agrees.

The Board of Police Commissioners has established procedures to permit you to fully understand the actions that have been taken by the department. I am enclosing a brief description of these procedures. If you have any questions concerning your complaint, you may contact Mr. Willie Walton, Director, Office of Citizen Complaints.

Sincerely,



Cathy Dean
Secretary-Attorney
Board of Police Commissioners

Enclosure

Date April 23, 1991

INTAKE FORM

KS WMO Other _____

Complainant Joseph Carlton

Address 3325 Gillham Rd.

City KC State MO Zip 64108

Phone (h) 931-2011 (w) _____

Prefer to be called at work home either (circle one)

Person taking complaint Kurtenbach

Description of Complaint

You need to determine why they are calling ACLU. Be sure to find out who is responsible for the alleged violation of rights (not an individual's name necessarily but whether it is a government official or agency or private entity). Also, be sure to determine when the violation occurred and what happened. It is also helpful to know what they want us to do about it.

Complainant is HIV positive. The police determined he was HIV positive when they found a bottle of AZT in the complainant's vehicle during the course of an investigation. He complaint involves the way the police department treated him after he was arrested.

We have obtained copies of the appropriate police department regulations.

(Use additional sheet if necessary)

Staff Recommendation

To Legal Panel.

Disposition

☐ No Civil Liberties Issue

☐ Refer to _____

☐ Forwarded to Legal Panel (Next Scheduled Legal Panel _____)

- Legal Panel Attorney Presenting Case _____

☐ Complainant informed of disposition - Date _____

☐ Other _____

Notes