TUOLUMNE COUNTY SHERIFF'S OFFICE

PERSONNEL/POLICY COMPLAINT FORM

Citizen's Complaint # _____

PARTY FILING COMPLAINT

INCIDENT DATE:_____ INCIDENT TIME: _____ LOCATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: Home: _____ Work: _____ BEST TIME TO CONTACT: _____

PERSON INVOLVED IF OTHER THAN ABOVE:

Name: _____ Address: _____

Telephone #: Home: _____ Work: _____ Best Time to Contact: _____

SPECIFIC COMPLAINT (Summarize)

_____

_____

_____

_____

_____

_____

INFORMATION ADVISORY

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.

I have read and understand the above statement.

_____ **Date:** _____

Complainant Signature

Copy of completed complaint form given/sent to complainant by:

Name: _____ **Date:** _____

DESCRIPTION OF INCIDENT

_____

_____

_____

_____

_____

_____

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_____

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_____

_____

☐ Continued on other page ☐ Attachments

WITNESSES

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

SHERIFF'S OFFICE EMPLOYEE(S)

Name: _____ Job Title: _____ ID# _____

Name: _____ Job Title: _____ ID# _____

Name: _____ Job Title: _____ ID# _____