

TIBURON POLICE DEPARTMENT

CITIZEN COMPLAINT REPORT

Person Reporting _____ Age _____ Date _____

Number/Street _____ City _____ Zip _____

Residence Phone _____ Business Phone _____ Hours you can be reached _____

Date Incident Occurred _____ Day of Week _____ Time _____

Location of Incident(s) _____

If a police employee(s) is involved, name(s) and badge number(s), if known:

Please explain the nature of opinion, complaint, suggestion, or commendation and provide as much detail as possible:

(Attach additional sheets if more room is needed)

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 CITIZEN COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER THE 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 COMPAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE (5) YEARS.

Signature _____ Date _____

(Signature of Parent/Guardian if you are under 18 years of age)

Officer receiving report _____ Date _____

Review by Chief of Police _____ Date _____

Assigned to _____ Date _____

CITIZEN COMPLAINT REPORT – Continued

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**COMPLETED FORMS MAY BE MAILED TO: TIBURON POLICE DEPARTMENT, ATTENTION CHIEF OF POLICE,
1155 TIBURON BOULEVARD, TIBURON, CA 94920 OR FAX FORM TO (415) 789-2828**