

# TIBURON POLICE DEPARTMENT

## CITIZEN COMPLAINT FORM



Person Reporting \_\_\_\_\_ Age \_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date Incident Occurred \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident \_\_\_\_\_

If a police employee(s) is involved, names(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 more sheets if 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 COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST 5 (FIVE) 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 FORM MAY BE MAILED TO: TIBURON POLICE DEPARTMENT, ATTN: CHIEF OF POLICE, 1155 TIBURON BLVD, TIBURON CA 94920 OR FAXED TO 415-789-2828