



SANTA PAULA
POLICE DEPARTMENT

"Committed to Community Service"
DON AGUILAR | INTERIM CHIEF OF POLICE

CITIZEN COMPLAINT FORM

Name: _____ Age: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

I wish to submit a complaint about: _____

Name (s) Badge Number(s) Vehicle Number(s)

This event occurred on: Date: _____ Approximate Time: _____

This event occurred at (Location): _____

I wish to complain that: (Provide a very brief summary about what your complaint and attach your full written statement if necessary)

Statement of Affirmation

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 CIVILIANS' 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. CIVILIAN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I have read and understood the above statement.

Signature & Date

Witness (or Guardian if under 18 years of age)

For Police Department Use Only

Received by: _____ Date: _____ Time: _____

Submitted to Blue Team by: _____ Date: _____