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| CALIFORNIA STATE UNIVERSITY, STANISLAUS  Police Department |

**Complaint Form**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST MIDDLE LAST**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET CITY ZIP**

**PHONE NUMBER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I wish to register a complaint because on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date) (Location)**

**at about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am / pm, the following incident occurred:**

**(Time) (Circle One)**

You may use additional paper as needed to complete the form.

***(Important Information on backside - Please read and sign)***

**CSU, STANISLAUS POLICE DEPARTMENT - COMPLAINT FORM PAGE – 2**

It is the standard practice of the CSU, Stanislaus Police Department to conduct comprehensive and thorough investigations into any allegation of misconduct or substandard service. Whether such allegations are from individual's complaints or internally generated.

Our procedure for receiving and investigating such allegations shall comply with all requirements of California codes, and in compliance with CSU, Stanislaus Police Department Policy 1020 - **CSU, Stanislaus Police Department Personnel Complaint Procedure**. The investigation of allegations against peace officers shall specifically comply with the California Public Safety Officer’s Procedural Bill of Rights.

Complaints will be accepted in person, over the telephone or in writing. Anonymous complaints or complaints from individuals, who wish their names to be held in confidence, will also be accepted for investigation.

The notification of the complainant is an integral part of a complete investigation. However, it should be emphasized that only the final disposition will be released. The discipline imposed, if any, must be regarded as confidential personnel information

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 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 OR ANY MEMBER OF THE POLICE DEPARTMENT BEHAVED IMPROPERLY. 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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Complainant Signature) (Date Signed)

**DEPARTMENTAL USE ONLY**

Date reported**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Case #:**\_\_\_\_\_\_\_\_\_\_\_\_\_**

Source of complaint: In Person **\_\_\_\_\_\_\_\_** Telephone **\_\_\_\_\_\_\_\_\_** Letter **\_\_\_\_\_\_\_\_** Email: **\_\_\_\_\_\_\_**

Complaint addressing: Personnel **\_\_\_\_\_\_\_\_** Policy/Service **\_\_\_\_\_\_** Other\_\_\_\_\_\_\_\_

Received by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature) (Rank and Assignment) (Date)

***ROUTE COMPLETED FORM IMMEDIATELY TO THE CHIEF OF POLICE – CSU, STANISLAUS POLICE DEPT.***