ALAMEDA POLICE DEPARTMENT

PERSONNEL COMPLAINT REPORT

☐ CITIZEN/ EXTERNAL

☐ INTERNAL

DATE & TIME						COMPLAINT LOG
NAME (REPORTING PARTY)		SEX	RACE	AGE	DOB	HOME PHONE
ADDRESS	BUSINESS NAME (ADDRESS)					BUSINESS PHONE
RELATIONSHIP OF REPORTING PARTY TO VICTIM OF MISCONDUCT:						VICTIMS HOME PHONE
VICTIM OF MISCONDUCT (IF OTHER THAN REPORTING PARTY)		SEX	RACE	AGE	DOB	VICTIM'S BUSINESS PHONE
ADDRESS	BUSINESS (NAME /ADDRESS)					

DESCRIPTION OF COMPLAINT (BE SPECIFIC, INCLUDE DATE, TIME AND LOCATION)

(USE ADDITIONAL PAPER IF NECESSARY)

WITNESS NAME		SEX	RACE	AGE	DOB	HOME PHONE
ADDRESS	BUSINESS NAME/ADDRESS					BUSINESS PHONE
WITNESS NAME		SEX	RACE	AGE	DOB	BUSINESS PHONE
ADDRESS	BUSINESS NAME/ADDRESS					BUSINESS PHONE
ANYONE ARRESTED NAME	ADDRESS					REPORT #

SUBJECT OF COMPLAINT (IDENTITY OF OFFICER OR EMPLOYEE COMMITTING ACT)

NAME	CAR/BADGE NUMBER	DESCRIPTION	RACE
NAME	CAR/BADGE NUMBER	DESCRIPTION	RACE

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 UNDERSTAND AND IT IS MY DESIRE THAT THIS COMPLAINT BE INVESTIGATED DILIGENTLY. I ALSO UNDERSTAND THAT IN SOME CASES I MAY BE CONTACTED IN ORDER TO CLARIFY SOME OF MY STATEMENTS.

SIGNATURE OF REPORTING PARTY	SIGNATURE OF PARENT (IF R/P UNDER 18 YRS.)
WAS ANY PARTY OR WITNESS TO THE COMPLAINT DETAINED OR INTERVIEWED BY THE POLICE? _____	WHO?

DISTRIBUTION: ORIGINAL: CAPTAIN, BUREAU OF SERVICES, COPY: INSPECTIONAL SERVICES _____ R/P _____ DAR FILE # _____ STATEMENT (735) Y ☐ N ☐

COMPLAINT REC'D BY:
OFFICER: DATE: TIME: ☐ PHONE ☐ PERSON ☐ MAIL ☐ OTHER_____

PERSONNEL COMPLAINT FORM (PAGE 2)

SIGNATURE OF REPORTING PARTY