



HILLSBOROUGH POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

REPORTING PERSON (LAST, FIRST, MIDDLE NAME)	RACE	SEX	DOB (MM/DD/YY)	SSN
RESIDENCE ADDRESS (ADDRESS AND ZIP CODE)				TELEPHONE
BUSINESS OR SCHOOL ADDRESS (ADDRESS AND ZIP CODE)				TELEPHONE

INVOLVED PARTIES

REPORTING PERSON (LAST, FIRST, MIDDLE NAME)	DOB (MM/DD/YY)	AGE	ARRESTED YES NO
RESIDENCE ADDRESS (ADDRESS AND ZIP CODE)	TELEPHONE		ATTORNEY OR REPRESENTATIVE
BUSINESS OR SCHOOL (ADDRESS AND ZIP CODE)	TELEPHONE		ATTORNEY / REP. TELEPHONE

NAME OF EMPLOYEE (IF KNOWN)

NAME	RANK	BADGE NO.	CAR NO.	DESCRIPTION
NAME	RANK	BADGE NO.	CAR NO.	DESCRIPTION
NAME	RANK	BADGE NO.	CAR NO.	DESCRIPTION

WITNESSES

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

TIME AND DATE OF INCIDENT	LOCATION OF INCIDENT	CRIME REPORT NO.

The following advisement is required by state law:

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 have read and understood the above statement and I certify these statements to be true and accurate to the best of my knowledge and belief:

SIGNATURE OF REPORTING PERSON	SIGNATURE OF PARENT / GUARDIAN (IF UNDER 18 YEARS OLD)

OFFICE USE ONLY

Receipt Method: In Person Telephone Email Letter Other

Receipt Disposition: Referred to Supervisor? Yes No (Why Not? Complainant Absent Other _____)

Receiving Employee Name: _____ ID# _____ Date: _____ Time: _____

SUPERVISOR DISPO:	No Policy Violation	Policy Violation (D Referred for PS # or D Verbal Counseling)
(Informal inquiries only)	RP was Subject of contact / Service	Parent / Guardian of subject Other 3 rd Party Anonymous
INIT: _____ ID _____	This was a Service related inquiry	Service complaint against officer Service Complaint against agency
DATE: _____	Type: Timeliness of response Demeanor Inadequate Inv. Other: _____	

DETAILS OF COMPLAINT OR CRITICISM: IT IS IMPORTANT TO INCLUDE AS MANY FACTUAL DETAILS AS POSSIBLE SO THE INCIDENT MAY BE FULLY INVESTIGATED. PLEASE USE REVERSE SIDE OF THIS FORM, IF NESSECARY.

TIME AND DATE OF INCIDENT

LOCATION OF INCIDENT

CRIME REPORT NO.

SIGNATURE OF REPORTING PERSON

SIGNATURE OF PARENT / GUARDIAN (IF UNDER 18 YEARS OLD)

PHOTOGRAPH(S) ATTACHED? YES NO

IF YES, NUMBER OF PHOGRAPHS _____