Reference # _____

San Bernardino County Probation Department

CITIZEN COMPLAINT FORM

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER PEACE OFFICER 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 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 RELATED 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 UNDERSTAND THE ABOVE STATEMENT.

_____ _____

COMPLAINANT ***DATE***

Name of Person Filing Complaint: _____

Home Address: _____

City/State/Zip: _____ **Phone Number:** _____

Name of Staff Member(s) Involved: _____

Nature of Complaint: _____

_____

_____

Date of Occurrence: _____ **Time of Occurrence:** _____

Place of Occurrence: _____

Name, Address, and Telephone Number of Known Witnesses:

1) _____

2) _____

3) _____

4) _____

Signed Complaint may be mailed to: San Bernardino County Probation Department, Professional Standards, 175 W. 5th Street, 4th Floor, San Bernardino, CA 92415

REV 6/22/22 AH

Reference # _____

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Description of Complaint (Please describe in detail what occurred): _____

Attach Additional Pages if Necessary

Signature of Complaining Person: _____ **Date:** _____

Complaint Received by: _____ **Title/ID#:** _____

Signed Complaint may be mailed to: San Bernardino County Probation Department, Professional Standards, 175 W. 5th Street, 4th Floor, San Bernardino, CA 92415

REV 6/22/22 AH