



# CAPITOLA POLICE DEPARTMENT CITIZEN COMPLAINT FORM

You have the right to make a complaint against a peace officer for any improper police conduct. California law requires this agency to have a procedure to investigate citizen's complaints. You have a right to a written description of this procedure. After an investigation, this agency may find 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 at least five years.

After your complaint is filed, a police department member assigned by the chief of police, will promptly gather all information pertinent to each allegation of misconduct in the complaint. The final disposition of the case will be made by the chief of police. You will be notified by letter at the conclusion of the investigation. When complaints are found to be sustained, the chief of police shall determine and administer appropriate corrective action.

Your Name (First, Middle, Last)		Date of Birth	Telephone	
Address (Street, City, Zip)			Business Telephone	
Witness (Name)		Date of Birth	Telephone	
Address (Street, City, Zip)			Business Telephone	
Witness (Name)		Date of Birth	Telephone	
Address (Street, City, Zip)			Business Telephone	
Location of Occurrence			Date	Time
Officer Involved (Name)			Badge #	Car #
Description of Events (Additional space provided on back of this form)				
THE CALIFORNIA DEPARTMENT OF JUSTICE REQUIRES ALL AGENCIES REPORT COMPLAINTS DUE TO RACIAL OR IDENTITY PROFILING. IF THIS APPLIES TO YOUR COMPLAINT, PLEASE CHECK THE APPROPRIATE BOXES BELOW AND PROVIDE A NARRATIVE ON PAGE 2.				
<input type="checkbox"/> RACE OR ETHNICITY	<input type="checkbox"/> GENDER IDENTITY OR EXPRESSION	<input type="checkbox"/> OTHER: (DESCRIBE)		
<input type="checkbox"/> NATIONALITY	<input type="checkbox"/> SEXUAL ORIENTATION			
<input type="checkbox"/> GENDER	<input type="checkbox"/> MENTAL DISABILITY			
<input type="checkbox"/> AGE	<input type="checkbox"/> PHYSICAL DISABILITY			
<input type="checkbox"/> RELIGION	USE REVERSE OR ATTACH ADDITIONAL PAGES IF NECESSARY			

(FOR COMPLAINT AGAINST EMPLOYEE) I will agree to submit to a polygraph examination administered by an individual NOT of this office if it should be deemed necessary in the investigation of this complaint.  Yes  No

I CERTIFY THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT UNDER CALIFORNIA CIVIL CODE 57.5, CIVIL ACTION CAN BE BROUGHT AGAINST ME FOR KNOWINGLY FILING A FALSE COMPLAINT.

SIGNATURE OF COMPLAINANT		DATE	
SIGNATURE OF PARENT (IF UNDER 18 YEARS OF AGE)		DATE	
PERSON RECEIVING COMPLAINT	DATE	TIME	

