





**INFORMATION**

If you are filing a commendation, concern, or complaint, you have several options on how to proceed. Please check the appropriate box to indicate your preference.

- 1. **Commendation** - If you wish to commend an officer's action(s).
- 2. **Comment** - An issue or concern that you want to make the police department aware of.
- 3. **Request for Mediation Information** - If you are filing a citizen complaint, you may request to mediate your complaint. Mediation is a dispute resolution process where parties involved meet with trained party mediators to constructively discuss their differences. Mediation is voluntary and may only proceed upon agreement by all parties and approval by the Chief of Police.
- 4. **Civilian Inquiry** - This process allows for immediate handling of your matter by the supervisor of the involved officer. The supervisor will be contacted and provided with the details of your matter. The supervisor will then be instructed to immediately review your matter with the officer and provide the appropriate training or counseling, or corrective action (minor discipline) to prevent further recurrence. The matter will not be made available for review by the Independent Police Auditor. At the completion of this process, you may be contacted by the supervisor if you so choose, or you will be notified by mail that the matter is completed. This process will usually be completed within a month.
- 5. **Civilian Complaint.** This process allows for a very formal investigation into the incident by the Professional Standards Unit or the officer's chain of command. Your case will be assigned to an investigator who will collect evidence and conduct interviews of the officers and any witnesses as necessary. The matter will be made available for review by the Independent Police Auditor. If the complaint is sustained, the officer is subject to discipline. Once the investigation is completed, you will be notified by mail of the results. This process may take several months to complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you want your name released to the press? Yes  No

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PLEASE RETURN THE COMPLETED FORM TO:

Capitola Police Department  
422 Capitola Avenue  
Capitola, California 95010