SHERIFF'S OFFICE
COUNTY OF MARIN
HALL OF JUSTICE, CIVIC CENTER
SAN RAFAEL, CALIFORNIA 94903

ADDRESS ALL
COMMUNICATIONS
TO THE SHERIFF

TELEPHONE
499-7233

CITIZENS COMPLAINT REPORT   Report No. _____   Date Filed_____

REPORTING PARTY

NAME

HOME ADDRESS   **PHONE NUMBER**

BUSINESS ADDRESS   **PHONE NUMBER**

VICTIM OF MISCONDUCT (If different than reporting party)

NAME

HOME ADDRESS   **PHONE NUMBER**

BUSINESS ADDRESS   **PHONE NUMBER**

DATE/TIME OF INCIDENT   **LOCATION**

WITNESS(ES)

NAME   **ADDRESS**   **PHONE NUMBER**

NAME   **ADDRESS**   **PHONE NUMBER**

NAME OR DESCRIPTION OF SHERIFF'S EMPLOYEE WHO IS THE SUBJECT OF COMPLAINT

WAS ANY PARTY TO THE COMPLAINT, OR WITNESS, DETAINED OR INTERVIEWED BY THE SHERIFF'S DEPARTMENT? IF SO, WHOM_____

MAY THE INVESTIGATOR INTERVIEW THE COMPLAINANT AT HIS/HER PLACE OF EMPLOYMENT? ☐YES ☐NO

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 CITIZEN'S 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 FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I have read and understood the above statement.

Signature of reporting party_____

RECEIVING DEPUTY/EMPLOYEE

SIGNATURE _____   **BADGE NO.**_____   **DATE/TIME**_____

NARRATIVE (Describe misconduct)

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NARRATIVE (Describe misconduct)