



# MARIN COUNTY SHERIFF'S OFFICE

1600 Los Gamos Drive, Suite 200  
San Rafael, CA 94903  
415-473-7233

## CITIZEN COMPLAINT REPORT

Email Form to [h\\_rock@marinsheriff.org](mailto:h_rock@marinsheriff.org)

### **REPORTING PARTY**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date/Time of Incident \_\_\_\_\_ Location \_\_\_\_\_

### **WITNESS(ES)**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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

You have the right to make a complaint against a Deputy Sheriff for any improper police 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 a deputy or Sheriff's employee 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 understand the above statement.

Signature of reporting party: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### **RECEIVING DEPUTY/EMPLOYEE**

**SIGNATURE** \_\_\_\_\_ **BADGE NO.** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

*"In Partnership with our Communities"*

[www.marinsheriff.org](http://www.marinsheriff.org)

**NARRATIVE (Describe Misconduct)**