



# ALAMEDA POLICE DEPARTMENT

## PERSONNEL COMPLAINT REPORT

<input type="checkbox"/>	CITIZEN/ EXTERNAL
<input type="checkbox"/>	INTERNAL

DATE & TIME				COMPLAINT LOG				
NAME (REPORTING PARTY)				SEX	RACE	AGE	DOB	HOME PHONE
ADDRESS				BUSINESS NAME (ADDRESS)				BUSINESS PHONE
RELATIONSHIP OF REPORTING PARTY TO VICTIM OF MISCONDUCT:								VICTIM'S HOME PHONE
VICTIM OF MISCONDUCT (IF OTHER THAN REPORTING PARTY)				SEX	RACE	AGE	DOB	VICTIM'S BUSINESS PHONE
ADDRESS				BUSINESS (NAME /ADDRESS)				

<b>DESCRIPTION OF COMPLAINT- BE SPECIFIC. INCLUDE DATE, TIME AND LOCATION</b>								

(USE ADDITIONAL PAPER IF NECESSARY)

WITNESS NAME				SEX	RACE	AGE	DOB	HOME PHONE
ADDRESS				BUSINESS NAME/ADDRESS				BUSINESS PHONE
WITNESS NAME				SEX	RACE	AGE	DOS	BUSINESS PHONE
ADDRESS				BUSINESS NAME/ADDRESS				BUSINESS PHONE
ANYONE ARRESTED NAME				ADDRESS				REPORT #
SUBJECT OF COMPLAINT (IDENTITY OF OFFICER OR EMPLOYEE COMMITTING ACT)								
NAME		CAR/BADGE NUMBER	DESCRIPTION					RACE
NAME		CAR/BADGE NUMBER	DESCRIPTION					RACE

**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 CITIZENS 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 RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

**I UNDERSTAND AND IT IS MY DESIRE THAT THIS COMPLAINT BE INVESTIGATED DILIGENTLY. I ALSO UNDERSTAND THAT IN SOME CASES I MAY BE CONTACTED IN ORDER TO CLARIFY SOME OF MY STATEMENTS.**

SIGNATURE OF REPORTING PARTY				SIGNATURE OR PARENT (IF R/P UNDER 18 YRS.)			
WAS ANY PARTY OR WITNESS TO THE COMPLAINTANT DETAINED OR INTERVIEWED BY THE POLICE?				WHO?			
DISTRIBUTION: ORIGINAL: CAPTAIN, BUREAU OF SERVICES, COPY: INSPECTIONAL SERVICES				R/P	DAR FILE#		STATEMENT (73S) Y <input type="checkbox"/> N <input type="checkbox"/>
COMPLAINT RECD BY: OFFICER:				DATE:	TIME	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON	<input type="checkbox"/> MAIL <input type="checkbox"/> OTHER _____

SIGNATURE OF REPORTING PARTY