

DEPARTMENT USE ONLY <input type="checkbox"/> Non-Personnel <input type="checkbox"/> Service Complaint <input type="checkbox"/> Complaint regarding official actions <input type="checkbox"/> Compliment	CHICO POLICE DEPARTMENT PERSONNEL COMPLIMENT OR COMPLAINT				Personnel Case No.		
					Related Case/CAD/Cite No.		
Day/Date/Time Occurred		Day/Date/Time Reported		Location of Occurrence			
Reporting Party Name				Age	Date of Birth	Sex	Race
Residence Address				Zip Code	Residence Phone		
Business Address				Zip Code	Business Phone		
NATURE OF COMPLIMENT OR COMPLAINT:							
(Attach additional pages as necessary)							
WITNESSES:							
Name			Age	DOB	Sex	Race	Residence Phone
Residence Address				State	Zip Code	Business Phone	
Name			Age	DOB	Sex	Race	Residence Phone
Residence Address				State	Zip Code	Business Phone	
EMPLOYEE(S) INVOLVED:							
Name			Badge	Sex	Race	Description	Vehicle Number
Name			Badge	Sex	Race	Description	Vehicle Number

NOTE:
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 A RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS, AND ANY REPORTS OR FINDINGS RELATED TO THE COMPLAINTS, MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

Date: _____ Signature _____

Signature of Parent/Guardian, if under 18 years of age: _____

Acknowledged via phone Letter Sent Refused to sign Initials _____ Badge No. _____ Date _____

Received By: _____ Date _____