



MILPITAS POLICE DEPARTMENT

DEPT USE.:
CC FILE #

CITIZEN COMPLAINT FORM

Complaints against personnel of the Milpitas Police Department should be submitted within 30 (thirty) days of the incident in question. This policy reinforces the department's obligation to conduct citizen complaint investigations in a timely, fair and impartial manner. It is recognized that there may be unusual circumstances that may delay the timely filing of a complaint. Should that occur, complaints would be reviewed on a case-by-case basis by the Chief of Police to determine the most appropriate action. The Chief of Police will take into consideration the nature of the complaint, the cause or reason for delay in filing the complaint, and what is in the best interest of the public, the employee(s), and the police department.

Your Information

Name: Last First MI Date of Birth
Address No. Street City State Zip
Primary Phone # Secondary Phone # E-Mail
Best time to contact you:

Incident Information

Case #: Date: Time: Location:

Officer/Employee Information

Name, badge #'s, Rank (if known) or description:

Witness Information

Name: Phone Number:
Name: Phone Number:

Details of Complaint

[Empty lines for details of complaint]

PC13012/PC13519.4

Are you alleging racial or identity profiling? Yes No If you are, please indicate the specific type(s) of profiling alleged.

- Race/Ethnicity Age Religion Gender Gender Expression Sexual Orientation Mental Disability Physical Disability

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 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 related to complaints must be retained by this agency for at least five years.

I have read and understood the above statement.

Signature of complainant

Date

Read and explained by (supervisor / investigator)

Date

Department use only: See Supplemental Disposition Form
Received by: Date: Time: Was the complaint resolved at intake? Y N
I acknowledge my complaint was resolved and do not desire further investigation.
Signature of complainant:
Investigation: Employee(s) Involved:
Supervisor: Date:
Disposition: See Supplemental Disposition Form
Allegation: Unfounded Exonerated Inconclusive Sustained
Officer Acknowledgement: I acknowledge having read the disposition of this complaint.
Employee: Date: