



Salinas Police Department Complaint Investigation



You have the right to make a complaint against any member of this agency. California law requires this agency to have a procedure to investigate complaints filed against any department member, and you have a right to a written description of the 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. Civilian complaints and any reports or findings relating to complaints must be retained by this agency for a period of five years. It is against the law to make a complaint that you know to be false. If you make a complaint against an officer knowing that it is false, you can be prosecuted on a misdemeanor charge.

Your Information

Full Name		Home Address		Date of Birth		
Home/Cell Phone	Bus. Phone	Business Address		Age	Sex	Race
Email Address		Occupation		State DL/ID Number		

Witness (Attach Multiple Forms if Necessary)

Full Name		Home Address		Date of Birth		
Home/Cell Phone	Bus. Phone	Business Address		Age	Sex	Race
Email Address		Occupation		State DL/ID Number		

Incident

Employee Name (And/Or ID Number)		Location		Date and Time	
Were You: Y N	Arrested?	Y N	Injured?	Y N N/A	
If Injured, Will You Sign a Medical Waiver?		Case or Citation Number (if Any)		Is Your Court Case Pending?	
Y N N/A		What were You Doing at the Time of the Incident? <i>(Continue on Attached Page if Necessary)</i>			

Is this Complaint Based Upon Any of the Following? (Check All that Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Gender Identity or Expression | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Rudeness or Discourtesy | <input type="checkbox"/> Law Violation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Religious Affiliation | <input type="checkbox"/> National Origin | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Age | <input type="checkbox"/> Vehicle Operation |

I have read and understood the above statement. The above information and attached statements are true and correct:

X _____
Your Signature and Today's Date

**Complainant should draft and attach narrative using supplemental page provided.*

Salinas Police Supervisory Officers Only		
Received By (Name/Rank)	Location Received (If not SPD)	Date and Time Received
How was Complaint Received?		
<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email
<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Other:	

