

SHERIFF-CORONER DEPARTMENT
County of Orange
Santa Ana, California

PERSONNEL COMPLAINT FORM

Name of Complainant: _____ Date Reported: _____

Address: _____ City/State/Zip: _____

Residence Phone: _____ Business Phone: _____

Date and time of Incident: _____

Location of Incident: _____

Name (if known) or description of employee(s) involved: _____

Name, address & phone number of witness(es): _____

Summary of Complaint: _____

Per the California Penal Code:

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 THE 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.

This form is available in any of the following languages: Albanian, Armenian, Cambodian, Chinese, Dutch, Dari, Farsi, French, Hebrew, Hindi, Hungarian, Ilocano, Indonesian, Italian, Japanese, Lao, Korean, Polish, Punjabi, Russian, Spanish, Swedish, Tagalog, Tamil, Thai, Urdu and Vietnamese.

Please sign and date this complaint form (or its other language equivalent) and return it to us, so we can proceed with the investigation.

Orange County Sheriff Coroner
P.O. BOX 449
SANTA ANA, CA 92702-0499
Internal Investigations Unit

By signing this form, I certify that the statements contained in it are true and correct to the best of my knowledge and belief.

Signature

Date

Name (Please print)