

Chula Vista Police Department

Service Complaint Form

INSTRUCTIONS: Please complete this form and describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. Describe what aspect(s) of the incident was improper (i.e. your specific complaint), and how it could be resolved to your satisfaction. Attach additional sheets of paper if needed.

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COMPLAINANT	Complainant Name:		Birthdate:	Home Phone:	
	Home Address:		Apt/Space:	Work Phone:	
00	City:	State	: Zip:	Cell / Msg Phone:	
INCIDENT INFORMATION	Location of Incident:			Date:	Time:
	Involved CVPD Personnel	NAME	BADGE NO.	NAME	BADGE NO.
	CVFD Fel Sollillei	NAME	BADGE NO.	NAME	BADGE NO.
	Other Witness(es)	NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE	OTHER PHONE
		NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE	OTHER PHONE
Penal Code § 148.6(b) requires the following notification: 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. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. I have read and understood the above statement. I hereby certify that the above facts are true and correct. I acknowledge that under California Civil Code § 47.5, civil action can be brought against me for knowingly filing a false complaint.					
COMPLAINANT'S SIGNATURE DATE					
OFFICE USE ONLY Receipt Method:					
Receipt Disposition: Referred to Supervisor? Yes No, why not? Complainant absent Policy Complaint only Other: Receiving Employee Name: Date: Referred to:					
SUPERVISOR DISPO: (informal inquiries only) INIT: ID DATE: Type:Timeliness of response Demeanor Driving Inadequate Inv Other:					