Milpitas Police Department

CITIZEN COMPLAINT FORM

CC FILE #_____

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.

Complainant_____ Date of Birth_____
Last *First* *MI*

Home Phone #_____Work Phone #_____

Cell Phone #_____Pager #_____E-Mail_____

Address_____
No. *Street* *City* *State* *Zip*

Date & time of incident _____ Location_____

Complainant's Statement attached ( ) Yes ( ) No

Attach a narrative style description of the incident, describing the event and improper conduct you feel the employee was involved in. Include as many details as you can, and provide names of witnesses or other involved parties.

1275 N. Milpitas Blvd.,• Milpitas, CA 95035 • 408-586-2400 • FAX 408-586-2492 • TDD 408-586-2484

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

Received by_____Date_____ Time_____

Employee(s) involved _____

DISPOSITION / FINDINGS UNFOUNDED EXONERATED

INCONCLUSIVE SUSTAINED

I acknowledge having read the above disposition of this complaint.

Employee(s) _____ Date_____

Complainant notified by_____ Date_____

Supervisor / Investigator_____ Date_____

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