



DESERT HOT SPRINGS POLICE DEPARTMENT CITIZEN COMMENDATION OR COMPLAINT FORM

CASE/EVENT #	DATE FILED
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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 CIVILIANS' 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. CIVILIAN 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. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT. _____
COMPLAINANT SIGNATURE

REPORTING PERSON

NAME (LAST, FIRST, MIDDLE)	PHONE NO.	DOB
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RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)

BUSINESS ADDRESS (CITY, STATE, ZIP CODE)
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PERSONS INVOLVED (IF OTHER THAN ABOVE)

NAME (LAST, FIRST, MIDDLE)	DOB
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RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)

BUSINESS ADDRESS (CITY, STATE, ZIP CODE)
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DAY AND DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
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WITNESSES

NAME	ADDRESS	PHONE NO.

IF WITNESSES ARE NOT KNOWN, GIVE THEIR DESCRIPTION

NAME OR DESCRIPTION OF EMPLOYEE(S) INVOLVED

NAME	BADGE OR ID NO.	PHYSICAL DESCRIPTION

PERSON(S) ARRESTED

NAME	ADDRESS	PHONE NO.

