



OFFICE OF THE SHERIFF

TRINITY COUNTY

101 Memorial Drive, P.O. Box 1228
Weaverville, CA 96093
(530) 623-2611

TIM SAXON, Sheriff/Coroner
BRYAN WARD, Undersheriff

CITIZEN COMPLAINT FORM

The Trinity County Sheriff's Department complaint process is designed to provide citizens the opportunity to bring concerns regarding operations of the department or actions of its personnel to the attention of Administration. An administrative investigation of the allegations will be conducted to clarify issues for the complainant and, if appropriate, hold members of the Sheriff's Department accountable.

Just as this complaint process is designed to satisfy the concerns of the citizen, it is also designed to clear our employees of allegations of wrongdoing falsely or mistakenly filed against them. ***In cases where a false complaint is maliciously filed against a peace officer, that officer is entitled to file a civil actions for defamation of character in accordance with Civil Code Sections 47.5.***

******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'S 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 THIS 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 FINDING RELATED TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.******

I hereby acknowledge that I have read and understood the above statement.

Complainant: _____ Date: _____

Date & Time Reported: _____, 20____ a.m./p.m.

Complaint filed: In person [] By phone [] By mail [] By email []
(Check on box above)

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INCIDENT: Date & Time Occurred: _____

Location of Incident: _____

VICTIM(S) OF ALLEGED MISCONDUCT:

Name: _____ Date of Birth: _____
Last First M.I.

Residence Address: _____ Res. Ph#: _____

Mailing Address: _____

Business/Work Add: _____ Bus. Ph#: _____

Name: _____ Date of Birth: _____
Last First M.I.

Residence Address: _____ Res. Ph#: _____

Business/Work Add: _____ Bus. Ph#: _____

Name: _____ Date of Birth: _____
Last First M.I.

Residence Address: _____ Res. Ph#: _____

Business/Work Add: _____ Bus. Ph#: _____

WITNESSES TO INCIDENT:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

