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)
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 #
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________


CITIZEN COMPLAINT FORM – PAGE 3

SHERIFF’S PERSONNEL ALLEGED TO BE INVOLVED IN INCIDENT:
-Name/Description of Officer(s):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

DESCRIPTION OF INCIDENT/ALLEGED MISCONDUCT:
-Attach extra sheets if necessary

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

******************************************************************************
May the Sheriff’s Department contact you at your place of employment regarding this claim?  ________________________ (Yes/No)

SIGNATURE OF PERSON FILING COMPLAINT:

________________________________________________               DATE: _________________

COMPLAINT RECEIVED BY: _____________________________________________________________
Name/Rank/Div.               Date