



Ione Police Department

1 E. Main Street / P.O. Box 398
Ione, CA 95640

COMPLAINT BY MEMBERS OF THE PUBLIC

Please Type or Print:

COMPLAINANT NAME – LAST, FIRST, MIDDLE				DATE OF BIRTH	
RESIDENCE ADDRESS	CITY	STATE	ZIP	RESIDENCE TELEPHONE	
BUSINESS NAME				OCCUPATION	
BUSINESS ADDRESS	CITY	STATE	ZIP	BUSINESS TELEPHONE	

DETAILS OF COMPLAINT:

My complaint involves: _____
Officer Name, Badge #, or Car #

Date of occurrence: _____ Approximate time of occurrence: _____ a.m. p.m.

Location of occurrence: _____

Description of occurrence: *(Attach additional sheets if necessary)*: _____

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.

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 _____
Date

FOR OFFICIAL USE ONLY

RECEIVING OFFICER / ID#:	DATE	FORWARDED TO:	DATE
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