SAN DIEGO COUNTY
CITIZENS' LAW ENFORCEMENT REVIEW BOARD

CITIZEN COMPLAINT FORM

INSTRUCTIONS FOR COMPLETING CITIZENS COMPLAINT FORM

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. Please describe the problem that happened. How could it be solved to your satisfaction? Please print your responses. If you do not know the officer's name or badge number, try to describe the officer. If you need more space, attach added sheets.

Your statement must be a true and accurate account of the incident to the best of your knowledge, and you must sign and attest to its accuracy. If you have questions or need help, please call the Review Board at (619) 238-6776 between 8:00 A.M. and 5:00 P.M. weekdays, or leave a message at that number after hours or on holidays.

In accordance with the County Administrative Code, a copy of the complaints received by the Review Board shall be transmitted to the Sheriff or the Chief Probation Officer. Complaints which are in possession of the Review Board or its staff shall be confidential and shall not be disclosed to any member of the public, except in accordance with applicable law.

Your complaint will be investigated. If you move or change phone numbers, remember to let the Review Board know.

INSTRUCCIONES PARA LLENAR LA FORMA DE QUEJAS

Por favor describa el incidente qué motivó esta queja, explicando qué pasó desde el principio hasta el fin. Sea lo más claro y específico que pueda. Por favor describa el problema que pasó. ¿Como se puede resolver satisfactoriamente? Por favor, presente sus repuestas por escrito. Si usted no sabe el nombre del oficial o el numero de su placa, trate de describir de placa, trate de describirlo detalladamente. Si necesita más espacio, adjunte más hojas.

Su declaración sobre el incidente tiene que ser verdadera y precisa, y hasta donde sea de su conocimiento. Usted debe firmar y dar fé de la veracidad del contenido de su declaración. Si tiene preguntas, necesita ayuda, o si prefiere esta forma en Inglés, por favor llame a la oficina del Consejo de Revisión al (619) 238-6776 entre las 8:00 A.M. y 5:00 P.M. durante la semana, o deje un mensaje después del horario de oficina.

De acuerdo con el Código Administrativo del Condado, copias de todas las quejas recibidas por el Consejo de Revisión, deberan ser enviadas al Sheriff o al jefe de la oficina de Libertad Vigilada-Probación. El Consejo de Revisión y su personal son responsables de mantener en forma confidencial todas las quejas en su posesión. No serán dadas a conocer a ninguna persona, salvo en caso de ser requeridas por la ley vigente.

Su queja será investigada. Si cambia su número de teléfono o su domicilio, por favor avise al Consejo de Revisión.

COMPLAINANT			
COMPLAINANT NAME			
MAIL ADDRESS			
PHONE#(HOME & WORK)			
SEX:	ETHNICITY:	DOB:	DL, ID or BK#:
NAME & ADDRESS OF AGGRIEVED (*IF OTHER THAN COMPLAINANT)*			
IF IN CUSTODY, FACILITY AND DATE OF RELEASE			
RELEASE DATE; OUT OF CUSTODY ADDRESS & PHONE			

INCIDENT CAUSING THIS COMPLAINT		
INCIDENT LOCATION		
INCIDENT DATE & TIME		RACE OR GENDER ISSUE? []
ACCUSED NAME, BADGE# & ASSIGNMENT *(USE EXTRA SHEETS IF NEEDED)*		
WITNESS NAME & ADDRESS *(USE EXTRA SHEETS IF NEEDED)*		

COMPLAINANT - GO TO NEXT PAGE>>>>>

CLERB STAFF USE ONLY					
LODGE DATE:		FILE DATE:		CASE NO:	
INTAKE INV:		HOW RECEIVED:			

INJURIES CLAIMED [] INJURIES VISIBLE [] DRUG OR ALCOHOL RELATED []
MEDICAL RELEASE SIGNED [] PHOTOS TAKEN [] OTHER WAIVERS SIGNED []

COMPLAINT CATEGORY *(Determined by Executive Officer)*: I [] II [] III [] IV [] V []

ALLEGATIONS			
	Use of Excessive Force (EF)		Discrimination or Sexual Harassment (DC)
	Improper Discharge of Firearms (IDF)		Illegal Search and Seizure (ISS)
	False Arrest (FA)		False Reporting (FR)
	Criminal Conduct (CC)		Misconduct (M) *Also see sub-categories below*

Misconduct Sub-categories:
Discourtesy Procedure Retaliation Harassment Truthfulness Medical

STAFF COMMENTS

DESCRIPTION OF INCIDENT

(Attach added sheets; Number pages as needed; Sign bottom of each added page):

SWORN STATEMENT OF COMPLAINANT: I hereby certify that, to the best of my knowledge, and under penalty of perjury, the statements made herein are true.		
Signature	**Print Name**	**Date**