

NOTICE

To any person wishing to file a complaint against any employee of the Kings County Probation Department.

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

Anyone that wishes to file a complaint against any employee of the Kings County Probation Department may do so by submitting the complaint to either the employee's supervisor, or any management personnel of the Probation Department. The complaint must be in writing and should be submitted in a reasonable amount of time after the occurrence of the incident.

KINGS COUNTY PROBATION DEPARTMENT
CIVILIANS' FORMAL COMPLAINT FORM

Name of Employee: _____

Description of Employee: _____
(if name unknown)

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

DETAILS OF INCIDENT: It is important that as many factual details as possible be included so that your complaint can be thoroughly investigated. Attach additional sheets if necessary.

WITNESS(ES) NAME

RESIDENCE ADDRESS

PHONE NUMBER

<u>WITNESS(ES) NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I SWEAR (AFFIRM) THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Print Name: _____ Signature: _____

Address: _____

Telephone: _____

Receiving Employee: _____ Date: _____