



VENTURA POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

C.C. # _____

DR # _____

CIT # _____

Date/Time of Occurrence: _____ Location: _____

REPORTING PARTY:

Name: _____ Date of Birth (M/D/Y): _____

Address _____

Home Phone: _____ Work Phone: _____ Age: _____ CDL#: _____

WITNESS:

Name: _____ Date of Birth (M/D/Y): _____

Address _____

Home Phone: _____ Work Phone: _____ Age: _____ CDL#: _____

WITNESS:

Name: _____ Date of Birth (M/D/Y): _____

Address _____

Home Phone: _____ Work Phone: _____ Age: _____ CDL#: _____

WITNESS:

Name: _____ Date of Birth (M/D/Y): _____

Address _____

Home Phone: _____ Work Phone: _____ Age: _____ CDL#: _____

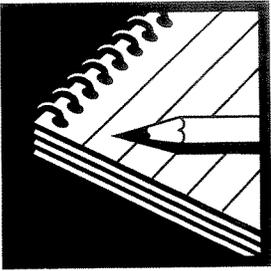
EMPLOYEE(S):

Name: _____ Badge/I.D. Number: _____

Name: _____ Badge/I.D. Number: _____

SEE REVERSE SIDE FOR ADDITIONAL DETAILS OF INCIDENT

Upon completion of this form, return it to the Watch Commander at the Ventura Police Department, 1425 Dowell Dr., Ventura, CA 93003. You will receive a copy of this completed form, and the departmental policy regarding citizen complaints.



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DESCRIBE INCIDENT:

(Attach additional pages if necessary for additional narrative, names, etc.)

Lined area for describing the incident.

PENAL CODE 148.6 (a)(2):

Any law enforcement agency accepting an allegation of misconduct against a peace officer shall require the complainant to read and sign the following information advisory:

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.

I have read and understand the above statement.

Signature of Person Making Report: _____ Date/Time: _____

Employee Receiving Report: _____ Date/Time: _____