

## TRUCKEE POLICE DEPARTMENT CIVILIAN COMPLAINT FORM

California Penal Code Section 148.6 mandates any law enforcement agency accepting an allegation of misconduct against a peace officer require you, as the Complainant, to read and sign the following advisory statement.

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER 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 understand the above statement.			
Complainant			
Incident Information			
Date/Time of Incident:			
Location of Incident:			
Complainant Information			
Name:			
Home Phone:			
Street Address:			
Business Phone:			
City/State/Zip:			

<b>Witness Information</b>		
Name:		<u></u>
Home Phone:		
Street Address:		
Business Phone:		_
City/State/Zip:		<del></del>
<u></u>		<del>_</del>
Name:		
Home Phone:		<del>_</del>
Street Address:		<del></del>
Street Address:		
Business Phone: City/State/Zip:		
City/State/Zip		<u> </u>
Name:		
Home Phone:		<del>_</del>
Street Address:		<del>_</del>
Business Phone:		
City/State/Zip:		<del>_</del>
city/state/zip.		<del>_</del>
Police Employees Involved		
Name:		
Badge #:	Unit #	
Dauge #	Offic #	<del></del>
Name:		
Badge #:	Unit #	<del>_</del>
		<del></del>
Name:		
Badge #:	Unit #	<del>_</del>
	O	<del>_</del>
Statement of Misconduct A	lleged	
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The information that I have provided is true and	correct to the best of my knowledge.
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Complainant Signature	
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Date	
For Internal Use:	
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Complaint Descived Dv	Data
Complaint Received By	Date