KERN COUNTY
PROBATION
DEPARTMENT

Citizen Complaint Form

PURSUANT TO CALIFORNIA PENAL CODE SECTION 148.6, "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 THE RIGHT TO A WRITTEN DESCRIPTION OF THE 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 UNDERSTOOD THE ABOVE STATEMENT.

_____ _____

COMPLAINANT **DATE**

COMPLAINANT INFORMATION

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Instructions for filing a complaint:

The Kern County Probation Department has established policies and procedures for receiving, investigating, recording, and disposing of signed citizen complaints. If you have a complaint, you may file the complaint in person or by mail. The complaint may be registered with any member of the Kern County Probation Department.

It is important that you provide as much specific information as possible about the incident, including time and date of occurrence, location, the employee's name, and names of witnesses, if any.

Every complaint of misconduct, regardless of its nature, is reviewed for an appropriate level of investigation.

Date of Incident: _____ **Time:** _____ **Location of Incident:** _____

Name of staff member(s) involved: _____

Witness name and address: _____

Witness residence phone: _____ **Witness cell or business phone:** _____

If your complaint is against a Probation Officer(s), do you know the badge number(s)?

Yes: ☐ **No:** ☐ **If yes, please provide the badge number(s)?** _____

Can you identify the Probation Department employee? **Yes:** ☐ **No:** ☐

If yes, please provide a physical description (height, weight, age, hair & eye color, ethnicity, etc.):

_____

_____

_____

_____

Description of Complaint (Please describe in detail what occurred):

_____

_____

_____

_____

_____

_____

_____

_____

(Use additional pages if necessary)

Suggested Resolution:

_____

_____

_____

_____

COMPLAINT SIGNATURE: _____ **DATE:** _____
(*REQUIRED)*

The following information to be completed by employee receiving complaint:

RECEIVED BY: _____ **DATE:** _____ **TIME:** _____

☐ **In Person** ☐ **Fax:** ☐ **Mail:** ☐ **Other:** _____