

FRESNO STATE POLICE DEPARTMENT

CITIZEN COMPLAINT

It is part of the mission of the Fresno State Police Department to deliver quality service to our community in an effective, responsive, and professional manner. We welcome all comments from our community on the effectiveness of our services and the manner in which we deliver those services.

We value your comments and encourage members of our community to take the time to commend our officers and staff when they are particularly pleased with our service, as well as notify us when those services are anything less than completely professional and helpful in nature.

For minor complaints, we encourage you to speak directly with an employee's immediate supervisor.

For more serious complaints, or when for any reason you would prefer to write the complaint or have it documented, this "Citizen Complaint Form" may be utilized. You may mail or fax it to our Department or deliver it to any supervisory officer on duty. Submissions may also be anonymous.

The Department is committed to a fair, impartial review of all complaints regarding our procedures or the conduct of our employees. California Penal Code section 832.5 sets forth that all California law enforcement agencies shall develop a procedure to investigate complaints made by a member of the public against a peace officer. All complaints will be taken seriously and investigated thoroughly. Corrective action will be taken when warranted. State personnel law requires that the actual discipline remain confidential. Complainants will be notified in any situation that requires investigation beyond a period of thirty days. Employee misconduct by police department employees is defined as: the commission of a crime, the neglect of duty, a violation of the Department rules and regulations, operating policies and procedures and/or conduct which may tend to reflect unfavorably upon the employee or the Department.

If you wish to file a written complaint, please complete the form on the back of this page. You may attach additional sheets of paper if you wish. If you file this complaint in person, you may simply ask for the supervisor on duty. If you wish to mail the complaint or fax it, please utilize the following contact information:

Fresno State Police Department
2311 E Barstow Ave
Mail Stop PO14
Fresno, CA 93740-0014
Fax: 559.278.7788



FRESNO STATE POLICE DEPARTMENT

2311 E. Barstow Ave, M/S PO14 (559)278-8400
Fresno, CA 93740 (559)278-7788 (fax)

CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION

DATE OF THIS REPORT		DATE OF INCIDENT	
PLEASE PRINT FULL NAME		ID or DRIVER'S LICENSE	
CITY		DATE OF BIRTH	AGE
STATE	ZIP	EMAIL	
CELL PHONE	HOME PHONE	CELL PHONE	

POLICE EMPLOYEE(S) INFORMATION

NAME(S) OF POLICE EMPLOYEE(S) INVOLVED (IF KNOWN, OR GIVE DESCRIPTION)			
BADGE NUMBER	UNIFORMED	<input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE NUMBER

WITNESS INFORMATION

WITNESS #1 PLEASE PRINT FULL NAME		ID or DRIVER'S LICENSE	
CITY		DATE OF BIRTH	AGE
STATE	ZIP	EMAIL	
CELL PHONE	HOME PHONE	CELL PHONE	
WITNESS #2 PLEASE PRINT FULL NAME		ID or DRIVER'S LICENSE	
CITY		DATE OF BIRTH	AGE
STATE	ZIP	EMAIL	
CELL PHONE	HOME PHONE	CELL PHONE	

ADDITIONAL WITNESSES (NAME AND CONTACT INFO)			
_____		_____	
_____		_____	

STATEMENT OF INCIDENT

PLEASE DESCRIBE THE INCIDENT IN DETAIL:

Multiple horizontal lines for describing the incident in detail.

Additional documents or pages attached.

_____ COMPLAINANT SIGNATURE

_____ DATE

DEPARTMENT USE ONLY

RECEIVED BY	DATE
FORWARDED TO	DATE
INVESTIGATED BY	DATE
REVIEWED BY CHIEF OF POLICE	DATE

FINDINGS

UNFOUNDED EXONERATED NOT SUSTAINED SUSTAINED FILED

COMMENTS

