



File number: \_\_\_\_\_

Date received: \_\_\_\_\_

By: \_\_\_\_\_

# MORGAN HILL POLICE DEPARTMENT

## CITIZEN COMPLAINT FORM

### COMPLAINANT

Name (Mr./Mrs/Miss.) \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(First) (Middle) (Last)

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Best time to contact (Circle all that apply):

Day of week: Mon Tue Wed Thu Fri Sat Sun Available between \_\_\_\_\_ and \_\_\_\_\_

### INCIDENT

Date(s): \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Location: \_\_\_\_\_

Involved Officer(s) Name \_\_\_\_\_ Badge \_\_\_\_\_ Car # \_\_\_\_\_

Name \_\_\_\_\_ Badge \_\_\_\_\_ Car # \_\_\_\_\_

Witnesses: Name \_\_\_\_\_ Badge \_\_\_\_\_ Car# \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

### ADMONITION

**Citizen's Obligation:** A mandatory requirement in the making of a citizen's complaint against an officer or other department member is that it be made honestly and as accurately as possible. Simple errors, omissions, and misconceptions are understandable and not uncommon.

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 citizen's 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 understood the above statement.

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Citizen's Complaint Form  
Statement of Complaint**

**File Number:** \_\_\_\_\_

---

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

21 \_\_\_\_\_

22 \_\_\_\_\_

23 \_\_\_\_\_

24 \_\_\_\_\_

25 \_\_\_\_\_

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

29 \_\_\_\_\_

30 \_\_\_\_\_

**Complainant/Witness Signature** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_