

File Number: _____
Date Received: _____
Received by: _____



LOS BANOS POLICE DEPARTMENT

945 5TH Street Los Banos, CA 93635 • Telephone (209)827-7070 • Fax (209)827-7085

Gary M. Brizzee
Chief of Police

PERSONNEL COMPLAINT FORM

Los Banos Police Department information advisory for personnel complaints.

Please read and sign the following admonishment.

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 this procedure. This agency may find that after the 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.

In the event the complaint results in disciplinary proceedings against the officer(s) or employee(s) named, you may be asked to appear before the Los Banos City Council or any other examining authority. I declare under penalty of perjury that the statement I have given is true and correct. I have read and understand the above statement.

COMPLAINANT'S SIGNATURE

DATE

INCIDENT

Location of Incident: _____

Day, Date & Time of Incident: _____

Please describe any injuries suffered: _____

Were photos taken of the injuries? _____ If so, by whom? _____

Where were the injuries treated? _____

Who treated the injuries? _____

Were you arrested? _____ Criminal Charges Pending? _____

LPD Report/Citation #: _____

COMPLAINANT

Name of Complainant: _____

Last

First

Middle

Sex: _____ Age: _____ Date of Birth: _____ Ethnicity/Race: _____

Home Address: _____

Street

City

State

Zip

Work Address: _____ Occupation: _____

Home Phone: (____) _____ Work Phone: (____) _____

Alternate Address: _____ Phone: (____) _____

Please note: Complainants must advise the Los Banos Police Department at 209-827-2500, of any changes of address or phone; failure to provide current information or means for the Los Banos Police Department to contact the complainant may result in dismissal of the case.

Pride in Service, Integrity in Action

WITNESSES / OTHER COMPLAINANTS

If applicable, list other complainants and/or witnesses:

Name: _____

Last

First

Middle

Home Phone: (____)_____ Work Phone:(____)_____

Name: _____

Last

First

Middle

Home Phone: (____)_____ Work Phone:(____)_____

INCIDENT DETAILS

Please describe the incident **in detail**:

INVOLVED OFFICERS / EMPLOYEES

SUBJECT OFFICER(S) INFORMATION					(FOR OFFICIAL USE ONLY)	
Badge #	Name	Sex	Race	Veh #	Allegation	Disposition

Completed Complaint Forms shall be mailed or delivered to:
Los Banos Police Department
Administrative Division
945 5th Street
Los Banos, CA 93635