



MARIN COUNTY SHERIFF'S OFFICE

1600 Los Gamos Drive, Suite 200
San Rafael, CA 94903
415-473-7233

CITIZEN COMPLAINT REPORT

REPORTING PARTY

Name _____

Home Address _____

Cell Phone _____ Home Phone _____

Email Address _____

Date/Time of Incident _____ Location _____

WITNESS(ES)

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME OR DESCRIPTION OF SHERIFF'S EMPLOYEE WHO IS THE SUBJECT OF COMPLAINT

You have the right to make a complaint against a Deputy Sheriff for any improper police conduct. California law requires this agency to have a procedure to investigate citizen 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 a deputy or Sheriff's employee 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 understand the above statement.

Signature of reporting party: _____ Date/Time: _____

RECEIVING DEPUTY/EMPLOYEE

SIGNATURE _____ BADGE NO. _____ DATE/TIME _____

"In Partnership with our Communities"

www.marinsheriff.org

