

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	L	ocation	
WITNESS(ES)			
NAME	ADDRESS		PHONE NUMBER
NAME	ADDRESS		PHONE NUMBER
NAME	ADDRESS		PHONE NUMBER
	1.33		
California law requires this a right to a written descrip not enough evidence to right to make the comple	s agency to have a position of this procedure warrant action on your aint and have it investigen complaints and complaints	rocedure to inves This agency man our complaint; even tigated if you beli	ff for any improper police conduct. tigate citizen complaints. You have y find after investigation that there is en if that is the case, you have the eve a deputy or Sheriff's employee ings relating to complaints, must be
I have read and understa	nd the above stateme	ent.	
Signature of reporting par	ty:	Date	/Time:
RECEIVING DEPUTY/EMPLO	YEE		
SIGNATURE	В	ADGE NO.	DATE/TIME

"In Partnership with our Communities" www.marinsheriff.org

NARRATIVE (Describe misconduct)					
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		NAME OF THE PARTY	179		
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