



# County of Santa Cruz

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Sheriff-Coroner

5200 Soquel Ave, Santa Cruz, CA 95062  
(831) 454-7600 FAX: (831) 454-7604

**Jim Hart**  
Sheriff-Coroner

## Complaint Form Cover Letter

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 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. Complaints and any reports or findings relating to complaints must be retained by this agency for at least five years.

It is against the law to make a complaint that you know to be false. If you make a complaint against an officer knowing that it is false, you can be prosecuted on a misdemeanor charge.

I have read and understand the above statement:

\_\_\_\_\_  
Complainant's Name, Printed

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

SHERIFF – CORONER

CITIZEN INQUIRY

YOUR NAME (LAST, FIRST, MIDDLE)	HOME PHONE	BUS. PHONE	D.O.B.
ADDRESS, CITY, STATE, ZIP			
INCIDENT DAY, TIME	LOCATION	OFFICER(S) INVOLVED	ID #(s)
WITNESSES NAMES	ADDRESSES	TELEPHONE	
IF WITNESSES ARE NOT KNOWN, GIVE THEIR DESCRIPTION, I.E., CAR, LIC, BADGE #, ETC.			
THE CALIFORNIA DEPARTMENT OF JUSTICE REQUIRES ALL AGENCIES REPORT COMPLAINTS DUE TO RACIAL OR IDENTITY PROFILING. IF THIS APPLIES TO YOUR COMPLAINT, PLEASE CHECK THE APPROPRIATE BOXES BELOW AND PROVIDE A NARRATIVE ON PAGE 3.			
RACE OR ETHNICITY	<input type="checkbox"/>		
NATIONALITY	<input type="checkbox"/>		
GENDER	<input type="checkbox"/>		
AGE	<input type="checkbox"/>		
RELIGION	<input type="checkbox"/>		
GENDER IDENTITY OR EXPRESSION	<input type="checkbox"/>		
SEXUAL ORIENTATION	<input type="checkbox"/>		
MENTAL DISABILITY	<input type="checkbox"/>		
PHYSICAL DISABILITY	<input type="checkbox"/>		
USE REVERSE OR ATTACH OTHER PAGES IF NECESSARY			

(FOR COMPLAINT AGAINST EMPLOYEE) I will agree to submit to a polygraph examination administered by an individual NOT of this office if it should be deemed necessary in the investigation of this complaint      YES       NO

I certify under penalty of perjury that the above statement is true to the best of my knowledge and belief

Sign \_\_\_\_\_ Date \_\_\_\_\_

BELOW TO BE COMPLETED BY SHERIFF STAFF ONLY				
EMPLOYEE RECEIVING/REPORTING ALLEGATION	POSITION	DIV	I.D.	DATE

Commendation     Suggestion     Request for review and explanation     Inquire by Supervisor     Complaint against employee

NARRATIVE:

A large, empty rectangular box with a thin black border, intended for a narrative description. It occupies the upper half of the page.