

PORT OF STOCKTON POLICE DEPARTMENT CITIZEN COMPLAINT FORM

If returning this form in person, we request you contact the on-duty Sergeant. If your concern stems from an arrest or citation issued, it may not be investigated until the legal matter has been resolved. Questions concerning the complaint process may be directed to the Office of the Chief of Police, (209) 946-0246.

LAST Name, First, Middle	Home Phone	Work Phone
Address	City/Zip	Cell Phone

Date/Time Incident Occurred	Location of Occurrence	Report/Citation Number
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Police Officer/Employee Name(s)

Witness Name (LAST, First, Middle)	Address	City/Zip	Phone Number (Home/Work/Cell)
Witness Name (LAST, First, Middle)	Address	City/Zip	Phone Number (Home/Work/Cell)

Give a brief narrative of the events that led to this complaint. You may add additional sheets as necessary.

Are you alleging racial or identity profiling (yes/no):
If you are, please indicate the specific type(s) of profiling alleged (Race, color, ethnicity, national origin, age, religion, gender identity or expression, sexual orientation, mental or physical disability):

In cases where it has been clearly shown a complaint was false and filed maliciously against an officer, that officer is entitled to file a civil action for defamation of character, in accordance with Section 47.5 of the Civil Code.
I have read and understand the above statement, which I have made of my own free will, and the facts contained therein are true and correct to the best of my knowledge.
Complainant's Signature X _____ Date _____
Signature of Parent/Guardian (if complainant is under 18 years of age) _____

Complaint Received by	Date