

# CITY OF BRISBANE POLICE DEPARTMENT

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ELIZABETH MACIAS  
CHIEF OF POLICE

## **CITIZEN'S COMPLAINTS**

The Brisbane Police Department takes pride in providing competent professional service to our community. We recognize our obligation to provide a process of receiving and investigating complaints concerning any aspect of that service.

Our Department has competent procedure for the internal review of all complaints. Part of that procedure includes a written account of the incident giving rise to a complaint. The written account, completed by the citizen, becomes the basis from which a complete investigation will be conducted.

For your concerns to receive the proper attention, and to insure a review of the circumstances that is fair and impartial to both the citizen and the employee, you are asked to complete and sign this form. Please include your address and phone number so we may contact you for further information, if required. You may complete this form at the Police Station or you may mail it at your convenience.

All findings are formally documented and retained in each employee's personnel file and, therefore, may potentially have significant impact on the employee's professional career. Knowingly and maliciously providing false information about an employee may have serious consequences; and, employees may have recourse should false accusations be made.

You will be notified of the results of our investigation of your complaint. If you would like a copy of our Citizen Complaint Procedure, please ask any person in the Department and a copy will be provided.

**CONFIDENTIAL**  
**CITIZEN COMPLAINT FORM**

**BRISBANE POLICE DEPARTMENT**  
50 Park Place, Brisbane CA 94005

NO: \_\_\_\_\_

AFTER YOUR COMPLAINT IS FILED, A POLICE DEPARTMENT MEMBER ASSIGNED BY THE CHIEF OF POLICE, WILL PROMPTLY GATHER ALL INFORMATION PERTINENT TO EACH ALLEGATION OF MISCONDUCT IN THE COMPLAINT. THE FINAL DISPOSITION ON THE CASE WILL BE MADE BY THE CHIEF OF POLICE. YOU WILL BE NOTIFIED BY LETTER AT THE CONCLUSION OF THE INVESTIGATION. WHEN COMPLAINTS ARE FOUND TO BE SUSTAINED, THE CHIEF OF POLICE SHALL DETERMINE AND ADMINISTER APPROPRIATE CORRECTIVE ACTION. YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THE AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINT. 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. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO THE COMPLAINTS MUST BE RETAINED 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 MISDEANOR CHARGE (148.6 CALIFORNIA PENAL CODE)**

**NATURE OF COMPLAINT (Select All That Apply)**

☐ Racial or Identity Profiling (Please Specify Below)

☐ Race ☐ Color ☐ Ethnicity ☐ National Origin ☐ Age ☐ Religion ☐ Gender Identity ☐ Sexual Orientation ☐ Mental/Physical Disability

☐ Other Please Describe: \_\_\_\_\_

<b>YOUR NAME (First Middle Last)</b>			<b>DATE OF BIRTH</b> / /	<b>HOME PHONE</b> ( )
<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>MOBILE PHONE</b> ( )
<b>WITNESS NAME (First Middle Last)</b>			<b>DATE OF BIRTH</b> / /	<b>HOME PHONE</b> ( )
<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>MOBILE PHONE</b> ( )
<b>LOCATION OF OCCURRENCE</b>			<b>DATE</b> / /	<b>TIME</b> <b>AM</b> <b>PM</b>
<b>OFFICER INVOLVED (Name)</b>			<b>BADGE #</b>	<b>CAR #</b>

**EXPLAINED ☐**

**DESCRIPTION OF EVENTS:**

**POLICY AND PROCEDURE ☐**

I hereby certify that the above facts are true and correct. I acknowledge that under California Civil Code 47.5, Civil Action can be brought against me for knowingly filing a false complaint.

**Signature of Complainant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Person Receiving Complaint** \_\_\_\_\_

**Date** \_\_\_\_\_

**Time** \_\_\_\_\_