



JACKSON POLICE DEPARTMENT

CHRISTOPHER MYNDERUP, Chief of Police • 33-D Broadway • Jackson, CA. 95842

(209) 223-1771 • FAX (209) 223-3403

Complaint By Members of the Public

Please Type or Print

1. My Name is: (First) (M.I) (Last)
2. My physical address is: Mailing Address:
City: State: Zip:
3. Telephone Numbers: Home: ( ) Work: ( ) Ext:
4. Date of Birth: / / Current Age:

DETAILS OF COMPLAINT

5. My complaint involves: Badge #, Officer(s) Name, or Car Number
6. Date of Occurrence: Approx. time of occurrence: a.m. p.m.
7. Location of Occurrence:
8. Description of Occurrence: (attach additional sheets if necessary):

SECTION 148.6 OF THE PENAL CODE STATES: 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 CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND, AFTER INVESTIGATION, THAT THERE IS NO 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 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.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature of Parent/Guardian, if you are under the age of 18 years old)

FOR OFFICIAL USE ONLY
Date received: \_\_\_\_\_ By: \_\_\_\_\_
Forwarded to \_\_\_\_\_ on \_\_\_\_\_