## CALAVERAS COUNTY SHERIFF'S OFFICE COMPLAINT PROCEDURE

The Calaveras County Sheriff's Office welcomes valid complaints about our service or its personnel. Your constructive comments provide an open channel of communication between the Sheriff's Office and the community which enables us to maintain the highest standards possible.

The sole function of this procedure is to thoroughly investigate all complaints given to the Sheriff's Office by the people of the community.

Complaints may be received by any Sheriff's Office Supervisor, which includes the Sheriff, Undersheriff, Communications Manager, Captains, Lieutenants, and Sergeants.

If your complaint involves a deputy, you will be asked his/her name. If you do not have this information, just explain what occurred: when it occurred (date, time and location of the event.)

Valid complaints help us to protect the community from possible misconduct by the Sheriff's Office. At the same time, a thorough and impartial investigation procedure protects those Sheriff's Deputies who perform their duties properly.

The completed investigation shall be submitted to the Sheriff through proper channels for evaluation and any action deemed necessary.

Each person making a formal complaint will be advised of the disposition of each complaint by the Sheriff's Office.

For more information, if needed, call the Sheriff's Office at (209) 754-6500.

## **CALAVERAS COUNTY SHERIFF'S OFFICE**

## **COMPLAINT FORM**

Case Number				I.A Number	
Complainant's Name(s)	Address		Tel	ephone Number	(Residence)
Sex Race Age D.O.B	Occupation-Place of Emp	ployment and Addr	ress		
Complaint Type/Circle Those T	That Apply: Race/Ethnicity	y Nationality	Gender Age	Religion	Gender
Identity/Expression Sexua	al Orientation Mental Di	isability Physic	cal Disability		
Date/Time of Occurrence	Day Locatio	n	Date/Time	Reported	
Employee(s) Involved					
How Reported (Mail/Telephor	ne/In Person)	Person t	o Whom Report W	/as Made	
Witness(es) Name, Address an	d Telephone Residence/Busi	ness			
Specific Allegation (In Brief)					
YOU HAVE THE RIGHT TO MAK CALIFORNIA LAW REQUIRES TI RIGHT TO A WRITTEN DESCRIP NOT ENOUGH EVIDENCE TO W MAKE THE COMPLAINT AND H COMPLAINTS AND ANY REPORLEAST FIVE YEARS.	HIS AGENCY TO HAVE A PROC PTION OF THIS PROCEDURE. T /ARRANTACTION ON YOUR C IAVE IT INVESTIGATED IF YOL	CEDURE TO INVESTI THIS AGENCY MAY F OMPLAINT; EVEN II J BELIEVE AN OFFIC	GATE CITIZENS' CO FIND AFTER INVES <sup>T</sup> F THAT IS THE CAS ER BEHAVED IMPF	OMPLAINTS. YOU TIGATION THAT E, YOU HAVE THI ROPERLY. CITIZEN	J HAVE A THERE IS ERIGHT TO N
IT IS AGAINST THE LAW TO MA					AINST AN
I have read and understood th	e above statement.				
Signature of Complainant	Date		Person ta	king Complaint	Date

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