



# PINOLE POLICE DEPARTMENT

880 Tennent Avenue  
 Pinole, CA 94564  
 (510) 724-8950  
 www.pinole.gov

Jeremy Crone, Acting Chief of Police

## SERVICE/ PERSONNEL COMPLAINT FORM

Complainant's Name (Last, First, Middle)		Language Spoken		P.I. Number	
Address		City	Zip	Home Phone	Work/Cell Phone

Location of Occurrence	Day	Date	Time
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Witness Name (Last, First, Middle)	Address	City	Zip	Phone (include area code)

### Identity of Involved Personnel

Badge No.	Name/Vehicle Number	( ) Officer	( ) Civilian	Sex	Race

### Details of Complaint (Use reverse side. Attach additional pages if necessary)

What would you like as a result of this complaint?



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## Complainant's Signature

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 CIVILIANS' 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. CIVILIAN 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. CALIFORNIA PENAL CODE § 148.6

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT:

X \_\_\_\_\_ Date \_\_\_\_\_

Person/Supervisor Receiving Complaint	ID no.	Assignment	Date	Time



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Complaint Details (Cont.) Any questions, call the Police Department at 510-724-8950.

**Department Use Only:**

Check all Categories that Apply: <input type="checkbox"/> Service <input type="checkbox"/> Citizen <input type="checkbox"/> Personnel <input type="checkbox"/> Internal Other _____	Complaint Received by: <input type="checkbox"/> Walk In <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other	Date Received
	Incident Number:	Assigned To: