Office of the

SHERIFF

INYO COUNTY, CA

JEFF R. HOLLOWELL
Sheriff

ERIC PRITCHARD
Undersheriff

"A Professional Service Agency"

CITIZEN COMPLAINT FORM

Summary of Complaint Process

After your complaint is filed a Sheriff's Office member assigned by the Sheriff will promptly gather all information pertinent to each allegation of misconduct in the complaint. The Sheriff will make the final disposition on the case. You will receive notification by letter at the conclusion of the investigation. When complaints are sustained the Sheriff shall determine and administer appropriate corrective action.

Case #		Assigned to:	

Name:				Date of Birth:	
Address: (Street, City, State, Zip)					
Business Address:					
Home Phone:		Business Phone:		Mobile Phone:	

Location of Occurrence:
Officer(s) or Employee(s) Involved: (Name & Agency) If more than 3 continue on separate page
1.
2.
3.

Brief Description of Incident: (Continue long narratives on additional pages provided.)

You have the right to make a complaint against any peace officer/agency personnel for any improper police conduct. California law requires this agency to have a procedure to investigate citizen's 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 and officer behaved improperly. Citizen's Complaints and any reports or findings relating to complaints must be retained by this agency for at least five years.

☐ I have read and understand the above statement: ☐ Phone Complaint: (Above statement read to complainant.)

SIGNATURE:		Date:	
Signature of parent (If under 18 years of age):			
Official receiving complaint:	Date:	Time:	

Add witnesses (if any) and narrative on additional pages provided

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Witness

Name:				Date of Birth:	
Address: (Street, City, State, Zip)					
Business Address:					
Home Phone:		Business Phone:		Mobile Phone:	

Witness

Name:				Date of Birth:	
Address: (Street, City, State, Zip)					
Business Address:					
Home Phone:		Business Phone:		Mobile Phone:	

Witness

Name:				Date of Birth:	
Address: (Street, City, State, Zip)					
Business Address:					
Home Phone:		Business Phone:		Mobile Phone:	

Witness

Name:				Date of Birth:	
Address: (Street, City, State, Zip)					
Business Address:					
Home Phone:		Business Phone:		Mobile Phone:	

Details of Incident: (To be completed by Complainant)

I have read and understood the above statement.

Signature;	**Date:**	**Time:**

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Details Continued:

I have read and understood the above statement.

Signature:	**Date:**	**Time:**

P.O. Drawer "S" (550 South Clay Street) Independence, CA 93526
Phone: 760-878-0383 Fax: 760-878-0389