

TULARE COUNTY SHERIFF'S DEPARTMENT PERSONNEL COMPLAINT FORM



Date/Time Reported:	File Number:	Complaint Received By:
Reporting Person:	Address:	<u>Telephone:</u>
Location of Occurrence:		Date/Time of Occurrence:
Report Concerning (name of employee):		Assigned Division:
Witness(es):	Address:	<u>Telephone:</u>
	A11 - 42	
	<u>Allegation:</u>	
CALIFORNIA LAW REQUIRES THIS AGE HAVE A RIGHT TO A WRITTEN DESCRI THAT THERE IS NOT ENOUGH EVIDENCI	ENCY TO HAVE A PROCEDURE TO PTION OF THIS PROCEDURE. THIS E TO WARRANT ACTION ON YOUR (CER FOR ANY IMPROPER POLICE CONDUCT. D INVESTIGATE CITIZENS COMPLAINTS. YOU S AGENCY MAY FIND AFTER INVESTIGATION COMPLAINT; EVEN IF THAT IS THE CASE, YOU
IMPROPERLY. CITIZEN COMPLAINTS AN BY THIS AGENCY FOR AT LEAST 5 YEA FALSE. IF YOU MAKE A COMPLAINT AG.	ND ANY REPORTS OR FINDING REL ARS. IT IS AGAINST THE LAW TO M AINST AN OFFICER KNOWING THAT	ED IF YOU BELIEVE AN OFFICER BEHAVED LATING TO COMPLAINTS MUST BE RETAINED MAKE A COMPLAINT THAT YOU KNOW TO BE IT IT IS FALSE, YOU CAN BE PROSECUTED ON
A MISDEMEANOR CHARGE (VIOLATION (OF SECTION 148.6 OF THE CALIFOR	RNIA PENAL CODE.)
Cimpature of	O utabaan	Data
Signature or	Complainant	Date
Person Interviewing Complainant:	Date/Time:	Interview Location:
	Department Action Taken:	
Disposition Date: [] Sustain	ned [] Not Sustained	[] Unfounded [] Exonerated