

## EI MONTE POLICE DEPARTMENT OFFICER MISCONDUCT COMPLAINT

|                                                                           |                                                |                            |
|---------------------------------------------------------------------------|------------------------------------------------|----------------------------|
| DATE, TIME & DAY OF WEEK REPORTED/FECHA, HORA Y DIA DE REPORTE            | SUPERVISOR REPORTED TO /REPORTADO A SUPERVISOR | FILE NUMBER/NUMERO DE CASO |
| DATE, TIME & DAY OF WEEK INCIDENT OCCURRED/FECHA, HORA & DIA DE INCIDENTE | LOCATION/LOCACION                              |                            |

### PERSON MAKING COMPLAINT

|                                                                      |          |                         |     |                                       |
|----------------------------------------------------------------------|----------|-------------------------|-----|---------------------------------------|
| NAME – in full LAST, FIRST, MIDDLE// NOMBRE APELLIDO, NOMBRE SEGUNDO | AGE/EDAD | DOB/FECHA DE NACIMIENTO | M F | RES. PHONE/TELEFONO<br>( )            |
| RESIDENCE ADDRESS/LOCACION                                           |          |                         |     | BUS. PHONE/TELEFONO DE TRABAJO<br>( ) |

### WITNESSES/TESTIGO(S)

|                                                                      |          |                         |     |                                       |
|----------------------------------------------------------------------|----------|-------------------------|-----|---------------------------------------|
| NAME – in full LAST, FIRST, MIDDLE// NOMBRE APELLIDO, NOMBRE SEGUNDO | AGE/EDAD | DOB/FECHA DE NACIMIENTO | M F | RES. PHONE/TELEFONO<br>( )            |
| RESIDENCE ADDRESS/LOCACION                                           |          |                         |     | BUS. PHONE/TELEFONO DE TRABAJO<br>( ) |
| NAME – in full LAST, FIRST, MIDDLE// NOMBRE APELLIDO, NOMBRE SEGUNDO | AGE/EDAD | DOB/FECHA DE NACIMIENTO | M F | RES. PHONE/TELEFONO<br>( )            |
| RESIDENCE ADDRESS/LOCACION                                           |          |                         |     | BUS. PHONE/TELEFONO DE TRABAJO<br>( ) |
| NAME – in full LAST, FIRST, MIDDLE// NOMBRE APELLIDO, NOMBRE SEGUNDO | AGE/EDAD | DOB/FECHA DE NACIMIENTO | M F | RES. PHONE/TELEFONO<br>( )            |
| RESIDENCE ADDRESS/LOCACION                                           |          |                         |     | BUS. PHONE/TELEFONO DE TRABAJO<br>( ) |

### OFFICER(S) COMPLAINT AGAINST

NAME(S) & BADGE or I.D. NUMBER(S), if known – if not known, give as complete description as possible

### INVESTIGATION & DISPOSITION OF INFORMATION

| COMPLAINT REVIEWED BY                             | DATE          | RESULTS OF INVESTIGATION REVIEWED BY | DATE                                    |      |
|---------------------------------------------------|---------------|--------------------------------------|-----------------------------------------|------|
| CHIEF OF POLICE                                   |               |                                      |                                         |      |
| FIELD SERVICES CAPTAIN                            |               |                                      |                                         |      |
| ADMIN. SERVICES CAPTAIN                           |               |                                      |                                         |      |
| INVESTIGATIVE SERVICES CAPTAIN                    |               |                                      |                                         |      |
| PERSON ASSIGNED TO INVESTIGATION                  | DATE ASSIGNED | DATE COMPLETED                       | OFFICER(S) INFORMED OF INVESTIGATION BY | DATE |
| BRIEF SUMMARY OF THE RESULTS OF THE INVESTIGATION |               |                                      |                                         |      |

### COMPLAINANT NOTIFIED OF RESULTS

|    |      |                        |
|----|------|------------------------|
| BY | DATE | METHOD OF NOTIFICATION |
|----|------|------------------------|

# **EL MONTE POLICE DEPARTMENT OFFICER MISCONDUCT COMPLAINT**

Page \_\_\_\_ of \_\_\_\_

DESCRIBE THE OCCURRENCE -- That led to this complaint. Use extra sheets of Page 2 sheets of page if necessary and designate as 2, 2-A, 2-B, etc.  
NOTE: THE COMPLAINANT MUST SIGN ALL COPIES OF PAGE 2

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 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 an officer behaved improperly. Citizen complaints must be retained by this agency for at least five years.

Usted tiene el derecho de hacer una queja contra un oficial de policía por conducta impropia. La ley de California requiere que esta agencia tenga un procedimiento para investigar las quejas de los ciudadanos. Usted tiene el derecho de obtener una copia escrita a mano, explicándole este procedimiento. Esta agencia después de la investigación, puede encontrar que no hay suficiente pruebas para justificar su queja, aunque este sea el caso, usted tiene derecho de hacer queja y tenerlo investigado si usted piensa que el oficial actuó en una manera impropia. Las quejas de los ciudadanos y cualquier reportes y resultados asociados con las quejas deben de estar retenidos por esta agencia no menos de 5 años.

I HAVE READ AND UNDERSTAND THE ABOVE/ HE LEIDO Y COMPRENDO LO DICHO

\_\_\_\_\_  
Signature of Witness & /Date/ Firma de Testigo y Fecha

\_\_\_\_\_  
Signature of Complainant & Date/ Firma de Demandanta & Fecha

I acknowledge that I have been given the right to a copy of my written complaint.  
Reconozco que he recibido una copia de mi queja escrita a mano.

\_\_\_\_\_  
Signature of Complainant & Date  
/Firma de Demandante Y Fecha

## Chinese

你有權對警察的任何不當行為提出投訴。加利福尼亞州法律規定本機構制定對公民投訴進行調查的程序。你有權取得這一程序的備而說明。本機構也通過調查後可能會認為證據不足。沒有理由就你的投訴採取行動。但即使如此，如你認為某一警察行為不當，就有權提出投訴並要求進行調查。公民投訴以及任何有關該投訴的報告或調查結果必須由本機構存檔至少五年。

我已閱讀並了解上述聲明。

## Korean

경찰원이 해서는 안 되는 부당한 행위를 했을 경우, 그 경찰원에 대해 진정서를 내거나, 고소 또는 고발을 할 수 있습니다. 본 당국은, 시민이 진정서를 내거나 고소 또는 고발을 한 경우, 이를 조사할 수 있도록 관련 절차를 준비해야 할 법적 의무를 갖습니다. 귀하는 문서 형태로 작성된 이러한 절차를 밟을 수 있는 권리를 갖습니다. 본 당국에서 취체의 진정서나 고소 내용을 조사한 결과 충분한 사유나 증거가 없을 경우, 그에 대한 후속 사법 조치를 취할 수가 없게 됩니다. 그러나, 그럴 경우에도, 귀하께서 판단하시기에 그 경찰원이 부당한 행위를 했다고 생각되시면, 얼마든지 진정서를 내거나, 고소 또는 고발을 해서 당국으로 하여금 조사를 실시하도록 할 권리를 가지고 계십니다. 그러한 진정서, 고소장 또는 고발장, 그리고 그에 대한 조사 결과 보고서는 반드시 적어도 5년 동안 본 당국에서 보관해야 합니다.

위의 내용을 읽었고, 이해했습니다.

## French

Vous avez le droit de faire une plainte contre un officier de police dans le cas de conduite de police incorrecte. La loi en Californie demande que cette agence ait une procédure qui fera des enquêtes au sujet des plaintes des citoyens. Vous avez le droit d'avoir une description écrite de cette procédure. Cette agence-ci; après une enquête; pourrait trouver qu'il n'y a pas assez de preuves pour justifier une action au sujet de votre plainte; même si c'est le cas, vous avez le droit de faire la plainte et de l'a faire enquêter si vous croyez qu'un officier s'est conduit d'une manière déplacée. Les plaintes des citoyens et autres rapports et conclusions se rapportant aux plaintes doivent être retenues au moins cinq ans.

J'ai lu et comprend la déclaration au-dessus.

## Indonesian

ANDA BERHAK MELAPORKAN PETUGAS POLISI YANG ANDA ANGAP TELAH PERILAKU SECARA TIDAK SELAYAKNYA. HUKUM CALIFORNIA MENYAHATKAN / / AF BADAN INI MEMILIKI PROSEDUR UNTUK MENYELIDIKI LAPORAN WARGA. ANDA BERHAK UNTUK MEMINTA DESKRIPSI TERJULIS DARI PROSEDUR INI. SETELAH MELAKUKAN PENYELIDIKAN, MUNGKIN Saja TIDAK DITEMUKAN BUKTI YANG CUKUP UNTUK MENINDAK-LANJUTI LAPORAN ANDA; SEKALIPUN DEMIKIAN, ANDA TETAP BERHAK MENGAJUKAN LAPORAN DAN MEMINTA DILAKUKANNYA PENYELIDIKAN ATAS LAPORAN TERSEBUT JIKA ANDA YAKIN PETUGAS POLISI TERSEBUT SUDAH BERTINDAK DI LUAR BATAS KELOMPOK DAN LAPORAN ATAU TEMUAN WARGA YANG BERKAITAN DENGAN LAPORAN TERSEBUT HARUS DISIMPAN OLEH BADAN INI SELAMA SEDIKITNYA LIMA TAHUN.

Saya telah membaca dan memahami pernyataan di atas