



SUSANVILLE POLICE DEPARTMENT

1801 Main St., Susanville CA 96130

Office (530) 257-5603 Dispatch (530) 257-2171 Fax (530) 257-7366

Email: police@cityofsusanville.org

Michael Bengoa-Bollinger
Public Safety Chief

CITIZEN COMPLAINT PROCESS AND FORM

How do I file a complaint?

Any person may make a complaint concerning the conduct of a police department employee by speaking with a supervisor. Some community members' concerns may be minor and can be addressed by a supervisor informally. Concerns or complaints of a more severe nature will warrant a formal investigation. A person may initiate an official investigation in-person, over the telephone, via the police department web site by filling out this form and delivering it to the Susanville Police Department or by mailing a copy of the complaint to:

Susanville Police Department

Personnel Complaint Form

1801 Main St., Susanville, CA 961308018801

What happens next?

Once the Department receives a formal complaint, it will be assigned to an investigation. A thorough investigation will be conducted and will many times include an interview of the person making the complaint to obtain all relevant information. The investigation will involve interviewing those individuals who may me witness to the incident and the collection of evidence when appropriate.

Once the investigation is completed and the conclusions have been reached, you will be advised of the outcome of the investigation. You will be provided with a written notification if the complaint was: Sustained, UnSubstantiated, Exonerated or Unfounded. Due to Peace Officer Personnel rights you are not able to know what, if any, discipline was imposed.

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Procedure for filing a complaint against a peace officer:

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 CIVILIAN'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. CIVILIAN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I have read and understood the above mentioned statement.

Print Last Name

Print First Name

Signature of Complainant

Date

Signature of Police Supervisor/Witness

ID Number

Important Notes:

- This statement is provided as required by Section 148.6 of the California Penal Code

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Procedimiento para presentar una queja contra un official de paz:

USTED TIENE DERECHO A PRESNTAR UNA QUEJA CONTRA UN OFICIAL DE POLICIA POR CUALQUIER CONDUCTA POLICIAL INAPROPIADA. LA LEY DE CALIFORNIA REQUIERE QUE ESTA AGENCIA TENGA UN PROCEDIMIENTO PARA INVESTIGAR LAS QUEJAS DE CIVILES. USTED TIENE DERECHO A UNA DESCRIPCION ESCRITA DE ESTE PROCEDIMIENTO. ESTA AGENCIA PUEDE ENCONTRAR DESPUES DE LA INVESTIGACION QUE NO HAY SUFICIENTE EVIDENCIA PARA JUSTIFICAR LA ACCION EN SU QUEJA; INCLUSO SI ESE ES EL CASO, USTED TIENE EL DERECHO DE PRESENTAR LA QUEJA Y HACER QUE SE INVESTIGUE SI CREE QUE UN OFICIAL SE COMPORTO INCORRECTAMENTE. LAS QUEJAS CIVILES Y CUALQUIER INFORME O HALLAZGO RELACIONADO CON LAS QUEJAS DEBEN SER RETENIDOS POR ESTE ORANISMO DURANTE AL MENOS CINCO ANOS.

He leído y entendido la declaracion anterior.

Imprimir ultimo nombre

Imprimir PRIMER Nombre

Firma del demandante

Fecha

Signature of Police Supervisor/Witness

ID Number

IMPORTANT NOTES:

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Civilian Complaint Form

Information about you

Name:		
Date of Birth:	Email:	
Current address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:

Information about the incident

Date(s) of Incident:	Approximate Time:
Location of Incident:	
Involved Officer or Employee:	ID Number:
Involved Officer or Employee:	ID Number:
Involved Officer or Employee:	ID Number:
Were you arrested? ☐ Yes ☐ No	If you answered YES, please complete below
Arrest Charge(s):	
Location of Arrest:	
Arresting Officer:	

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Witnesses to your Complaint:

Witness(es):	Residing Address(es):	Res. Telephone:	Cell Phone:

Complaint Signature:_____ Date:_____ Time:_____

Complaint Received By:_____ ID Number:_____ Date:_____ Time:_____

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