WESTMINSTER POLICE DEPARTMENT

8200 Westminster Blvd., Westminster, CA 92683
(714) 898-3315
www.westminster-ca.gov

DEPARTMENT USE ONLY
CASE #

CITATION #

OTHER REF #

PERSONNEL COMPLAINT FORM

Print Form

1 The Westminster Police Department employee(s) that are the subject of this complaint are:

☐ Sworn Police Officer ☐ Civilian employee

2 FULL NAME OF COMPLAINANT (Please print)

HOME ADDRESS APT # CITY STATE ZIP

HOME PHONE # BUSINESS PHONE# CELL PHONE#

OPTIONAL EMAIL ADDDRESS

3 If you are making a complaint against a sworn police officer, please read the following carefully:

"You have the right to make a complaint against a police officer for any improper conduct. California law requires this agency to have a procedure to investigate citizen complaints. You have the 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 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.

COMPLAINANT SIGNATURE DATE

"I declare that the allegations contained in this complaint form are true and correct. I understand that a peace officer can bring an action for defamation against me for filing a complaint alleging misconduct, criminal conduct, or incompetence, if the complaint is false, was made with knowledge tat it was false that it was made with spite, hatred, or ill will. (California Civil Code Section 47.5)"

COMPLAINANT SIGNATURE DATE

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☐ Telephone complaint: The above statement(s) in bold were read to the complainant.

PRINT NAME OF PERSON RECEIVING COMPLAINT BADGE # DATE

COMPLAINT DESCRIPTION

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Department employee(s) that are the subject of this complaint:

EMPLOYEE NAME	RANK/TITLE	BADGE#	POLICE VEHICLE#
EMPLOYEE NAME	RANK/TITLE	BADGE#	POLICE VEHICLE#
EMPLOYEE NAME	RANK/TITLE	BADGE#	POLICE VEHICLE#

LOCATION OF THE INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT

DESCRIBE THE CONDUCT LEADING TO THE COMPLAINT

☐ SEE ATTACHED DOCUMENTS

Print Form