

COMMUNITY COMPLAINT FORM				
	<b>LOS GATOS-MONTE SERENO POLICE DEPARTMENT</b> <b>110 E. MAIN ST.</b> <b>LOS GATOS, CA 95030</b> <b>(408) 354-8600</b>			
COMPLAINANT INFORMATION				
Name:	Date of Birth:	Race (Optional):		Gender (Optional):
Current Address:	City:		State:	Zip Code:
Email Address:	Primary Phone:		Secondary Phone:	
INCIDENT INFORMATION				
Date(s) of Incident:	Time of Incident: AM      PM		Case #/Incident #:	
Location of Incident:	City:		State:	Zip Code:
Involved Officer(s):	Badge #:	Witness:		Phone:
Involved Officer(s):	Badge #:	Witness:		Phone:
Involved Officer(s):	Badge #:	Witness:		Phone:
ADMONITION STATEMENT				
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 CIVILIANS' 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. <b>IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE, CA PENAL CODE SECTION 148.6.</b>				
I HAVE READ AND UNDERSTOOD THE ABOVE ADMONITION STATEMENT				
Complainant Name (Print)	Date	Signature		
STATEMENT (Additional Space on Back)				
Complainant Name (Print)	Date	Signature		

Received By: \_\_\_\_\_  
Date \_\_\_\_\_ Time: \_\_\_\_\_

Complainant Name (Print)	Date	Signature
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