



**TOWN OF LOS GATOS**  
**POLICE DEPARTMENT COMMUNITY COMPLAINT FORM**

<b>COMPLAINANT</b>		
Name:	E-mail:	
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
<b>INCIDENT</b>		
Date(s) of Incident:	Approximate Time:                      AM    PM	Case/Incident No:
Location:		
Involved Officer(s):	Badge Number(s):	
Involved Officer(s):	Badge Number(s):	
Witness:	Contact:	
Witness:	Contact:	
<b>ADMONITION</b>		
<p>You have the right to make a complaint against any member of the Los Gatos-Monte Sereno Police Department. California Law requires this agency to have a procedure to investigate public 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. Public complaints, and any reports or findings relating to complaints, must be retained by this agency for at least five years.</p> <p>Additionally, complaints of discrimination based upon race, ethnicity, color, nationality, age, religion, gender, gender expression, sexual orientation, mental or physical disability against the Los Gatos-Monte Sereno Police Department may be noted on this form.</p>		
<b>I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT</b>		
Complainant Name (Print)	Date	Signature
<b>STATEMENT</b> <i>(Use additional paper as necessary)</i>		
Complainant/Witness	Date	Signature

**FOR OFFICE USE ONLY**

Complaint Received by: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_