



Complaint Form

INSTRUCTIONS FOR COMPLETING COMPLAINT FORM:

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. What aspect(s) of the incident was improper (your specific complaint). How could it be resolved to your satisfaction?

COMPLAINANT NAME _____ HOME PHONE () _____

ADDRESS _____ BUS. PHONE () _____

CITY _____ STATE _____ ZIP _____ DOB _____

INCIDENT LOCATION:

_____ DATE _____ TIME _____

SDPD PERSONNEL INVOLVED:

NAME _____ BADGE # _____ ID # _____ DIVISION _____

NAME _____ BADGE # _____ ID # _____ DIVISION _____

NAME _____ BADGE # _____ ID # _____ DIVISION _____

NAME _____ BADGE # _____ ID # _____ DIVISION _____

WITNESS (ES):

NAME _____ HOME PHONE () _____ BUS. PHONE () _____

ADDRESS _____ DOB _____

NAME _____ HOME PHONE () _____ BUS. PHONE () _____

ADDRESS _____ DOB _____

NAME _____ HOME PHONE () _____ BUS. PHONE () _____

ADDRESS _____ DOB _____

INCIDENT DESCRIPTION/COMPLAINT:

**Send complaint to: Executive Director, Citizens' Review Board on Police Practices, 202 C Street, MS 9A
San Diego, California 92101. For more information, please call (619) 236-6296. Fax: (619) 236-7344**

(USE BACK OF FORM IF MORE SPACE IS NEEDED)

