



# MENIFEE POLICE DEPARTMENT COMPLAINT INVESTIGATION FORM

29714 HAUN ROAD MENIFEE, CA 92586 (951) 723-1500

### IMPORTANT! READ AND SIGN THE FOLLOWING INFORMATION

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 CITIZENS' COMPLAINTS. YOU HAVE THE RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. AFTER INVESTIGATION, THIS AGENCY MAY FIND 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. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I have read and understood the above statement and state that the above facts are true and correct, and hereby request an investigation to be initiated by the Chief of Police.

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (If complainant is a juvenile): \_\_\_\_\_

Date and time complaint received: \_\_\_\_\_

NAME OF COMPLAINANT		
NAME OF GUARDIAN IF COMPLAINANT IS A MINOR		
MAILING ADDRESS (STREET, APT. NUMBER)		
CITY, STATE, ZIP CODE		
TELEPHONE NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS	
SECONDARY TELEPHONE NUMBER (INCLUDE AREA CODE)		
DATE OF BIRTH:	DRIVER LICENSE NUMBER:	
OFFICER(S) INVOLVED		
DATE & TIME OF INCIDENT		
LOCATION OF INCIDENT		
CITATION OR CASE NUMBER		
WITNESS NAME	ADDRESS	TELEPHONE NUMBER
WITNESS NAME	ADDRESS	TELEPHONE NUMBER

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