SAN LEANDRO POLICE DEPARTMENT

CITIZEN COMMENT FORM

PERSON REPORTING _____ TELEPHONE NO. ( ) _____

ADDRESS _____
Street *City* *Zip code*

The San Leandro Police Department is interested in any and all comments you might have about the service we provide to you. We strive to serve you in the most professional way that we can and look forward to your comments and compliments. Please provide us with your thoughts on how we have served you in the past and how we may better serve you in the future.

Abdul Pridgen
Chief of Police

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 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. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR FIVE (5) YEARS.

IF THIS IS DEEMED TO BE A COMMENT, THIS REPORT WILL BE RETAINED BY THIS AGENCY FOR TWO (2) 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 THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I have read and understood the above statement. _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Involved Employee(s): 1) _____ 2) _____

Witness 1: _____ Address: _____ Phone: _____

Witness 2: _____ Address: _____ Phone: _____

DESCRIPTION OF INCIDENT OR ALLEGATION:

Continued on reverse ➔

Signature of Reporting Party: _____ Date: _____

Date/Time Received: _____ Received by: _____ Forward to: _____

☐ Copy to Administrative Services Division Sergeant: _____

Action Taken:

Disposition: ☐ Copy to CCF Officer Signature: _____

☐ IA Investigation Division Commander: _____