CITIZEN COMPLAINT

Campbell Police Department 70 N. First St., Campbell CA 95008 (408) 866-2121

Investigation #				

Name		Initiated	l By:		On:
Date of BirthDL#					
Phone: Day	Eve	Letter S	Sent:		
	Narra	ative Description o	f Incident		
		1			
YOU HAVE THE RIGHT TO MAKE					
REQUIRES THIS AGENCY TO HAVOF THIS PROCEDURE. THIS AGE					
YOUR COMPLAINT; EVEN IF THA' AN OFFICER BEHAVED IMPROPE					
BY THIS AGENCY FOR AT LEAST		AINTS AND ANT REPORTS O	R FINDINGS RELATED	TO COMPLAIN 15 MUST	DE RETAINED
I have read and understood the above statement.		SIGNATURE OF COMPLAINANT		DATE	TIME
		SIGNATURE OF PARENT (IF UNDER 18 YEAR	RS OF AGE)	DATE	TIME
		PERSON RECEIVING COMPLAINT		DATE	TIME
Submitted by:		Reviewed	l by:		
Recommendation:				☐ Phone Cor	mnlaint
Disposition :	d	Not Sustained	Exonerated	☐ Mail	пріант
Disiplinary Action;				☐ In Person	
Signed:				Date:	
	Chief of Police	ce			
Disposition Received:				D. C. L.	. 0 1
	Officer	Da	ate	Date Final Lette	r Sent

White - File / Investigator

Yellow - Complainant