



PERSONNEL COMPLAINT FORM

1 The Westminster Police Department employee(s) that are the subject of this complaint are:

Sworn Police Officer Civilian employee

2 FULL NAME OF COMPLAINANT (Please print)

HOME ADDRESS APT # CITY STATE ZIP
HOME PHONE # BUSINESS PHONE# CELL PHONE#
OPTIONAL EMAIL ADDRESS

3 If you are making a complaint against a sworn police officer, please read the following carefully:

The Westminster Police Department welcomes your complaints and constructive criticism in the interest of better law enforcement. A relationship of trust and confidence between members of the Police Department and the Community is essential to effective law enforcement. Police employees have a special obligation to act in a professional manner and respect the rights of all persons they contact. Therefore, citizens are encouraged to bring complaints about Department operations and the conduct of its employees to the attention of the Westminster Police Department whenever a citizen believes that such action was improper.

The Westminster Police Department acknowledges its responsibility to establish a fair system of complaint and disciplinary procedures which may subject employees to corrective action when they conduct themselves improperly, but will also support employees when they properly discharge their duties. The purpose of these procedures is to provide the public with a just, open, and expeditious investigation of complaints regarding the conduct of employees of this Department.

The procedures of the Westminster Police Department include: "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 personnel 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. Personnel complaints and any reports or findings relating to complaints must be retained by this agency for at least five years."

If you have any questions regarding these procedures, please contact the Office of the Chief of Police, Monday through Friday, during normal business hours.

I have read and understand the above statement.

COMPLAINANT SIGNATURE DATE

GO TO PAGE 2

Telephone complaint: The above statement(s) in bold were read to the complainant.

PRINT NAME OF PERSON RECEIVING COMPLAINT BADGE # DATE

COMPLAINT DESCRIPTION

4 Department employee(s) that are the subject of this complaint:

EMPLOYEE NAME	RANK/TITLE	BADGE#	POLICE VEHICLE#
EMPLOYEE NAME	RANK/TITLE	BADGE#	POLICE VEHICLE#
EMPLOYEE NAME	RANK/TITLE	BADGE#	POLICE VEHICLE#
LOCATION OF THE INCIDENT	DATE OF INCIDENT		TIME OF INCIDENT

DESCRIBE THE CONDUCT LEADING TO THE COMPLAINT

SEE ATTACHED DOCUMENTS