



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT POLICE DEPARTMENT

COMPLAINT

P#	Date Filed
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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 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. 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 THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT.

COMPLAINT SIGNATURE

REPORTING PERSON

NAME (LAST, FIRST, MIDDLE)	PHONE NO.	DOB
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		
BUSINESS ADDRESS (CITY, STATE, ZIP CODE)		

PERSONS INVOLVED (IF OTHER THAN ABOVE)

NAME (LAST, FIRST, MIDDLE)		
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		
BUSINESS ADDRESS (CITY, STATE, ZIP CODE)		
DAY AND DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

WITNESSES

NAME	ADDRESS	PHONE NO.

IF WITNESSES ARE NOT KNOWN, GIVE THEIR DESCRIPTION

NAME OR DESCRIPTION OF EMPLOYEE(S) INVOLVED

NAME	BADGE OR ID NO.	PHYSICAL DESCRIPTION

PERSON(S) ARRESTED

NAME	ADDRESS	PHONE NO.

RACIAL OR IDENTITY PROFILING PC 13519 4(e)

Do you believe you were stopped, arrested, searched, or detained by law enforcement based, at least in part, on your race or ethnicity (including color), nationality/national origin, gender, age, religion, gender expression, sexual orientation, mental disability, or physical disability? ☐ Yes ☐ No

If yes, what specific type of racial or identity profiling do you allege? (Check all that apply)

<input type="checkbox"/> Race or Ethnicity (Including Color)	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Nationality / National Origin	<input type="checkbox"/> Religion	<input type="checkbox"/> Mental Disability
<input type="checkbox"/> Gender	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Physical Disability



Date Filed

[illegible][illegible]

BUSINESS TELEPHONE NO.