

Gender

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT POLICE DEPARTMENT

COMPLAINT 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 DOB NAME (LAST, FIRST, MIDDLE) 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 LOCATION OF INCIDENT TIME OF INCIDENT WITNESSES NAME **ADDRESS** PHONE NO. IF WITNESSES ARE NOT KNOWN, GIVE THEIR DESCRIPTION NAME OR DESCRIPTION OF EMPLOYEE(S) INVOLVED BADGE OR ID NO. NAME 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 enfrocement 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) Age Sexual Orientation Race or Ethnicity (Including Color) Nationality / National Origin Religion Mental Disability

Gender Expression

Physical Disability



Category I: _

	VICTOR VA	LLEY UNIO	N HIGH	SCHOO	DL DISTRIC	Γ POLI	CE DEPARTI	MENT
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Nature of (Complaint:	Externa	al	Interr	nal	Inquiry:		
Complaint F		In Person	Telephone		Letter	Other	Internal A	
Complaint F	Result of: mplaint Received b	Radio Call ov Complainant?		affic Stop No	Arrest If "No", explain:		Investigation	Other
Category I:		, , , , , , , , , , , , , , , , , , , ,			Category II:			

Spec	ify the allegation	Specify the allegation				
SIGNATURE OF REPORTING PERSON		SIGNATURE OF PAREN	T OR GUARDIAN (IF COMPLAINANT IS	UNDER 18 YEARS)		
DATE RECEIVED	PERSON RECEIVING COMPLAINT		EMPLOYEE ID NO.	BUSINESS TELEPHONE NO.		