

I understand that I am making a formal complaint against an employee of the UC Davis Police Department, that an investigator will be assigned and I will be contacted and interviewed. I agree to cooperate with the investigation.



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 THE 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 RELATED TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

YOU SHOULD ALSO BE MADE AWARE THAT IF YOU KNOWINGLY AND MALICIOUSLY MAKE A FALSE COMPLAINT OF MISCONDUCT AGAINST AN OFFICER, THAT OFFICER MAY SEEK MONETARY DAMAGES FROM YOU IN A CIVIL LAWSUIT. CIVIL CODE SECTION 47.5.

I have read and understand the above statements:

Complainant Signature

Date

UC Davis Police Department
One Shields Avenue
Davis, CA 95616

UC Davis Police Department



Commendation - Complaint Form

General Information Campus (530) 752-1727
General Information UCDHS (916) 734-2555

Employee Commendation/Complaint

Please use this form to commend one of our employees or to issue a complaint. If this is a complaint this form will be reviewed by the Chief of Police, and you will be contacted by a Complaint Investigator for more information. Please mail or drop off the completed form to the University of California Police Department, One Shields Ave, Davis, California 95616. **Please print or type.**

Date:		Your Name:	CIU # (For UCDDPD Use Only)
Your Address:		Your Daytime Telephone Number:	
Witnesses and Other Persons Involved			
1. Name:	Address:		Daytime Telephone Number:
2. Name:	Address:		Daytime Telephone Number:
3. Name:	Address:		Daytime Telephone Number:
Incident/Event Information			
Date of Incident:	Location of Incident:		Time of Incident:
Name or Description of Employee(s):			
Description of Incident/Event			