



RIO VISTA POLICE DEPARTMENT CITIZEN COMPLAINT PROCEDURE AND FORMS

Dear Citizen:

The public’s trust, confidence, and support are vital to successful police service. The public is entitled to have ready access to the police administration that is sworn to serve them. This access will help foster public understanding and acceptance of police procedures, and aid in the detection or correction of improper or undesirable practices.

Pursuant to section Penal Code section 832.5, Rio Vista has adopted a policy that provides a fair, orderly, and uniform process for receiving, investigating, and resolving complaints of alleged police misconduct.

Complaints against Rio Vista Police Department employees may be filed by contacting a police department supervisor and providing all details regarding the incident. The complaint will be promptly forwarded to the Office of the Chief of Police for review and investigation assignment.

When the complaint investigation is completed, the Police Chief will review the case and determine a course of action. You will receive a written response with the investigation’s disposition.

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZEN’S 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 the officer behaved improperly. Any reports or findings relating to complaints must be retained by this agency for at least five years.

I have read and understand the above statement.

Complainant

Does this complaint allege identity or racial profiling? ____ Yes ____ No

If yes, please indicate the check the type of identity or racial profiling alleged:

- ____ Race/Ethnicity
- ____ Nationality
- ____ Gender
- ____ Age
- ____ Religion
- ____ Gender Identity or Expression
- ____ Sexual Orientation
- ____ Mental Disability



RIO VISTA POLICE DEPARTMENT CITIZEN COMPLAINT REPORT

Your Name _____

Home Address _____ Phone () _____

Work Address _____ Phone () _____

Today's Date _____ Date and Time of Incident _____

Location of Incident _____

Employee's Name and/or Badge Number

1. _____

2. _____

3. _____

4. _____

Witness 1: _____

Witness 2: _____

Address: _____

Address : _____

Phone : _____

Phone: _____

Witness 3: _____

Witness 4: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

STATEMENT OF THE COMPLAINT

SIGNATURE OF COMPLAINANT: _____

