

# Napa County Sheriff's Office

## Formal Citizen's Complaint Form

### ADMONITION

(To be completed by citizen)

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE MISCONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZEN'S 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 RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

I have read and understand the above statement.

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(Complainant's Signature)

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(Date)

# Napa County Sheriff's Office

## Formal Citizen's Complaint Form

|                                                       |                         |                                                |  |
|-------------------------------------------------------|-------------------------|------------------------------------------------|--|
| <b><u>COMPLAINANT</u></b><br>Name- Last, First Middle |                         | <b><u>COMPLAINANT</u></b><br>Residence Address |  |
| Date of Birth                                         | Home/Business Phone #'s | Business/School Address                        |  |

|                                                   |                         |                                            |  |
|---------------------------------------------------|-------------------------|--------------------------------------------|--|
| <b><u>WITNESS</u></b><br>Name- Last, First Middle |                         | <b><u>WITNESS</u></b><br>Residence Address |  |
| Date of Birth                                     | Home/Business Phone #'s | Business/School Address                    |  |

Who are you making the complaint about? \_\_\_\_\_  
(Deputy's Name or Vehicle No.)

What do you believe the Deputy did wrong? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did this happen? \_\_\_\_\_

When did this happen? \_\_\_\_\_ AM/ PM circle one  
(Date) (Time)

# Napa County Sheriff's Office

## Citizen's Complaint Work Sheet

(To be completed by Department staff)

|                          |                                                                            |
|--------------------------|----------------------------------------------------------------------------|
| Complaint taken by       | Received in the form of<br>Letter [ ] E - mail [ ] Phone [ ] In person [ ] |
| Investigated by          | Date received                                                              |
| Investigator assigned by | Complaint received by                                                      |

Investigator comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memo by Investigator attached? Yes [ ] No [ ]

Are there other documents or video/audio recordings attached? Yes [ ] No [ ]

\_\_\_\_\_  
(Investigator's Signature)

\_\_\_\_\_  
(Date)

Finding recommendation:

\_\_\_\_\_  
(Administrative Lieutenant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_ **UNFOUNDED:** There is sufficient evidence proves that the allegation(s) did not occur.

\_\_\_\_\_ **SUSTAINED:** There is sufficient evidence proves that the allegation(s) occurred.

\_\_\_\_\_ **NOT SUSTAINED:** There is insufficient evidence to prove or disprove the allegation(s).

\_\_\_\_\_ **EXONERATED:** The allegation(s) did occur, however the act(s) were justified,  
lawful and proper.

Division Commander Agrees Yes [ ] No [ ]

Undersheriff Agrees Yes [ ] No [ ]

Follow up requested by: \_\_\_\_\_

Assigned to Same Investigator Yes [ ] No [ ]

New Investigator assigned? Yes [ ] No [ ] Name \_\_\_\_\_

Letter sent to complainant Yes [ ] No [ ]