

# Sacramento Police Department

## Complaint Intake Form

- DEPARTMENT USE ONLY -

IAD CASE NUMBER

### Complainant:

*\*You have the right to remain anonymous. Consider providing some information for an investigator to contact you for follow-up questions.*

NAME		DOB	AGE
HOME ADDRESS	CITY	STATE	ZIP
BUSINESS ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER #1	TELEPHONE NUMBER #2	EMAIL ADDRESS	

### Involved Employee:

*\*Provide as much information as possible.*

NAME		RANK	BADGE
UNIFORM TYPE	VEHICLE DESCRIPTION	VEHICLE NUMBER	

### Incident Details:

INCIDENT DATE	INCIDENT TIME	LOCATION (ADDRESS OR INTERSECTION)
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SUMMARY OF INCIDENT: *Provide witnesses, locations, address, businesses, available photos and video, etc.*

☐ I have attached \_\_\_\_\_ more pages to this form.

### Your Rights:

*You have the right to make a complaint against an employee for improper conduct. California law requires this agency to have a procedure to investigate personnel complaint, provide written description of this procedure, and retain complaints for at least five years.*

*I have read and understand these rights.*

Signature: \_\_\_\_\_

### DEPARTMENT USE ONLY:

ACCEPTING EMPLOYEE NAME AND BADGE NUMBER	ACCEPTING SUPERVISOR NAME AND BADGE NUMBER	DATE AND TIME
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