




**CITIZENS' COMPLAINT INFORMATION FORM**

C.C. NUMBER:

PERSON FILING COMPLAINT (LAST, FIRST, M.I.)		 <p>LOS ALTOS POLICE DEPARTMENT 1 N. SAN ANTONIO ROAD LOS ALTOS, CA 94022-3000</p> <p>  (650) 947-2770              (650) 947-2704           </p>
<p><b>Check the appropriate box to indicate how/where you wish to be contacted by an investigator.</b></p> <input type="checkbox"/> MAILING ADDRESS (STREET, APARTMENT NUMBER, SUITE)		
CITY, STATE, ZIP CODE		
<input type="checkbox"/> HOME PHONE NUMBER (INCLUDE AREA CODE)		
<input type="checkbox"/> WORK PHONE NUMBER (INCLUDE AREA CODE)		LOCATION OF OCCURRENCE
DATE OF BIRTH		DAY, TIME, AND TIME OF OCCURRENCE
DRIVER'S LICENSE NUMBER	ARREST/ACCIDENT REPORT OR CITATION NUMBER (IF KNOWN)	

**IMPORTANT! READ THE FOLLOWING INFORMATION**

If you have not already filed a complaint, the bottom portion of this form and attachments may be used to initiate the process. In addition, you may telephone or come into the police department to speak with the watch commander on-duty at the location listed above.

The Los Altos Police Department has a well-defined procedure for investigating citizens' complaints. The citizens' complaint process is designed to investigate the allegations of citizens and to make a determination of fact as to any wrongdoing. Once a complaint is received, it is the responsibility of the involved employee's Commander to ensure a thorough investigation is conducted. Although complaints cannot always be resolved to a citizen's satisfaction, all investigations are conducted objectively, with a goal of maintaining public confidence and departmental integrity. After completion of the investigation, complaints are directed through the chain of command, to the Chief of Police for an impartial review. After final approval, the citizen will receive a closing written response.

Does this complaint involve an allegation of racial or identity profiling? If so, please indicate which of the following applies:

Race or ethnicity (including color),  Nationality,  Age,  Religion,  Gender,  
 Gender Expression,  Sexual Orientation,  Mental Disability,  Physical Disability

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*(Continued on the next page)*

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

*This section may be used by you and/or the Department to summarize or further clarify your complaint.*

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Date

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*(Attach additional sheets if necessary)*

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