IZENS' COMPLAINT	INFORMATION FORM		C.C. NUMBER:
con filing complaint (LAST, FIRST, M.I.) eck the appropriate box to indicate how/where you wish to be natacted by an investigator. MAILING ADDRESS (STREET, APARTMENT NUMBER, SUITE) , STATE, ZIP CODE		DEPARTMENT	LOS ALTOS POLICE DEPARTMENT 1 N. SAN ANTONIO ROAD LOS ALTOS, CA 94022-3000 (650) 947-2770
HOME PHONE NUMBER (INCLUD	E AREA CODE)	LOCATION OF OCCURRENCE	
WORK PHONE NUMBER (INCLUDE AREA CODE)		DAY, TIME, AND TIME OF OCCURRENCE	
OF BIRTH	DRIVER'S LICENSE NUMBER	ARREST/ACCIDENT REPORT OR CITA	ATION NUMBER (IF KNOWN)
	IMPORTANT! READ AND SIG	ON THE FOLLOWING INFO	ORMATION
The Los Altos Pois received, it is conducted. Althorologically, with investigation, concitizen is provided. The citizens' con as to any wronged.	duty at the location listed above. plice Department has a well-defined process the responsibility of the involved expugh complaints cannot always be responsed a goal of maintaining public confirmplaints are directed through the chain of with a closing written response. Inplaint process is designed to investigate loing. In cases where a false complaint on. Therefore, it is important all allegoon.	employee's Commander to olved to a citizen's satisfation and departmental of command for an important the allegations of citizentis maliciously filed against	to ensure a thorough investigation is action, all investigations are conducted integrity. After completion of the artial review. After final approval, the artial to make a determination of fact a peace officer, that officer is entitle
			(Continue on next pa
Complainant's Signa	ture	Date	

CITIZENS' COMPLAINT INFORMATION FORM	C.C. NUMBER:				
This section may be used by you and/or the Department to s	This section may be used by you and/or the Department to summarize or further clarify your complaint.				
Complainant's Signature	Date				
	(Attach additional she	ets if necessary)			