CIVILIANS' COMPLAINT INFOR	MATION FORM		C.C. NUMBER:		
PERSON FILING COMPLAINT (LAST, FIRST, M.I.)		OF US	LOS ALTOS POLICE DEPARTMENT		
Check the appropriate box to indicate how/where you wish to be			1 N. SAN ANTONIO ROAD		
contacted by an investigator. MAILING ADDRESS (STREET, APARTMENT NUMBER, SUITE)			LOS ALTOS, CA 94022-3000		
CITY, STATE, ZIP CODE		OF DEPART	(650) 947-2770 (650) 947-2704		
		LOCATION OF OCCUPATION			
HOME PHONE NUMBER (INCLUDE AREA CODE)		LOCATION OF OCCURRENCE			
WORK PHONE NUMBER (INCLUDE AREA CODE)		DATE AND TIME OF OCCURRENCE			
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	ARREST/ACCIDENT REPORT OR CITA	TION 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 civilians' complaints. The civilians' complaint process is designed to investigate the allegations of civilians 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 civilian'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 civilian 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:				
\square Race or Ethnicity (including color) \square Nationality, \square Age, \square Religion, \square Gender,				
\square Gender Expression, \square Sexual Orientation, \square Mental Disability, \square Physical Disability				

Supplemental Information (The below answers are not required in order to submit your complaint)

The Los Altos Police Department is committed to providing law enforcement services to the community with due regard for the racial, cultural or other differences of those served. It is the policy of this department to provide law enforcement services and to enforce the law equally, fairly, objectively and without discrimination toward any individual or group. To assist us with data collection, we are asking for the following voluntary demographic information.

CIVILIANS' COMPLAINT INFORMATION FORM	C.C. NUMBER:		
This section may be used by you and/or the Department to summarize your complaint.			
Complaintant's Signature	Date		
	(Attach additional sheets if necessary)		