Kerman Police Department

Citizen Complaint Procedure

Policy & Procedure D-700 Attachment "A"

The Kerman Police Department strives to maintain a relationship of trust and confidence with the community. In keeping with this goal, it is the policy of the Kerman Police Department to diligently investigate all personnel complaints in a fair and impartial manner.

The preferred method of registering a complaint is to do so in person at the Kerman Police Department, 850 S. Madera Ave. in Kerman, during regular business hours. 24 hours a day, a request to speak to a police supervisor may be made by calling (559) 846-8800.

Realizing this is not always possible, complaint forms are available to the public at the City office, 850 S. Madera Ave., Kerman, CA 93630. The completed complaint form can be sealed in an envelope marked "Internal Affairs" "Police Department only", and put in the payment drop box at the City office. Personnel complaint forms may also be obtained and returned through the mail by calling (559) 846-6633.

When a complaint is received by this department, it is assigned to a Sergeant by the Chief of Police. The investigation is monitored and reviewed by the Chief of Police. The complainant is notified by mail when the investigation is concluded. Be assured that if the investigation finds the employee to be culpable, appropriate disciplinary action is taken.

Persons making unfounded or malicious complaints should be warned that, just as citizens have certain legal rights that must be protected, law enforcement personnel also have legal rights that must be protected. Complaints determined to be falsified could result in criminal and/or civil action against the complaining party.

Personnel complaint forms may be obtained and filed at the Police Department, or mailed to:

Kerman Police Department
Personnel Complaint
850 S. Madera Ave.
Kerman, CA 93630

For further information, to speak with a police supervisor, or obtain complaint forms, please call the Kerman Police Department at (559) 846-6633. Outside of Office hours, please call police dispatch at (559) 846-8800 and request contact by a Kerman Police Department supervisor.

Print Form

Kerman Police Department Policy & Procedure D-700 Attachment "B"

Kerman Police Personnel Complaint Form

Complainant's Name: _____ Age: _____

Address: _____

City: _____ Zip: _____ Contact Phone: _____

Location of Occurrence: _____

Date of Occurrence: _____ Time of Occurrence: _____

Related Call or Case Number: _____

Personnel Involved: (Employee's Name, Badge, or Car Numbers)

_____

_____

Is this complaint alleging racial or identity profiling? If so please check all that apply:

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

Nature of Complaint: (Please print or type on separate sheet of paper). Include all pertinent facts, witnesses, and documentation to support a specific claim of misconduct.

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A 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.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. Complaints determined to be falsified could result in criminal and/or civil action against the complaining party.

I have read and understood the above statement.

_____

Complainant's Signature Date Print Name

Received by: _____ Date: _____
Copy Given To: _____ By: _____ Date: _____
Authorized By: _____ Date: _____
Sergeant Assigned: _____ Date: _____
IA File # _____

Revised: January 2016