



POLICY STATEMENT

You have the right to make a complaint against a member of the Santa Monica Police Department for any improper conduct. California law requires this agency to have a procedure to investigate complaints by members of the public. You have the right to a written description of this procedure. This agency may find after the 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 that a member of this Department behaved improperly. Private person complaints and any reports or findings related to complaints must be retained by this agency for at least five years. The Santa Monica Police Department will investigate all alleged acts of misconduct on the part of any member of the Police Department.

DECLARACIÓN DE PRINCIPIOS

Usted tiene el derecho de hacer una queja en contra de un empleado del Departamento de Policía de Santa Monica por cualquier conducta inapropiada. La ley de California requiere que esta agencia tenga un procedimiento para investigar quejas de miembros del público. Usted tiene el derecho de obtener una descripción de este procedimiento por escrito. Esta agencia puede que encuentre, después de la investigación, que no hay suficiente evidencia para tomar acción en su caso; aunque fuera así, usted tiene el derecho de hacer la queja y que se investigue, si usted cree que un oficial se portó indebidamente. Las quejas del público y cualquier otro reporte o resultado relacionado con la queja las conserva esta agencia por lo menos cinco años. El Departamento de Policía de Santa Mónica investiga toda alegación de mala conducta de cualquier miembro del Departamento de Policía.

SECTION 1 (Complainant to complete this section)

Complainant's Full Name				Sex	Age	Bus. Phone	Mobile Phone
Street Address			City		State	Zip	Home Phone
Location of Incident			Date Occurred		Time Occurred		
Witness #1				Address			
City	State	Zip	Home Phone		Bus. Phone	Mobile Phone	
Witness #2				Address			
City	State	Zip	Home Phone		Bus. Phone	Mobile Phone	



City of
**Santa
Monica**



SECTION 2 (Complainant to complete this section)

Complaint Narrative

In the space below, please explain in your own words exactly what the employees did or did not do that you believe was wrong. Be sure to include any witnesses and the employee's name and badge number, if known, in your description of the occurrence. Use any additional pages (Complaint Narrative Continuation) as needed for your statement. Please number and sign at the bottom of each additional page.

COMPLAINANT'S SIGNATURE

SECTION 3 (SMPD Personnel Only)

Complaint Received by		Date Received	
Initial Interview by (if conducted at time complaint received)	Badge #	Date	Time
Complaint handled by:	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Internal Affairs	
Authorized by:	Date:		

