



ADAM HOUSE
Fire Chief

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite 200 · Mather, CA 95655 · Phone (916) 859-4300 · Fax (916) 859-3702

You have the right to make a complaint against a peace officer for any improper conduct. California Law requires this agency to have a procedure in place to investigate citizen's complaints.

You have the right to the written description of this procedure. This agency may find after completing an investigation that there is not enough evidence to warrant action on your complaint. Even if this is the case, you have the right to make the complaint and have it investigated if you believe an officer's conduct was improper.

Citizen complaints, recordings, evidence, and any reports or findings related to a complaint 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. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I have read and understood the above statement.

Complainant's Signature

Printed Name

Date

Witness Signature

Printed Name

Date

CITIZEN COMPLAINT INFORMATION

Today's Date: _____ Received by: _____

Reporting person (Last, First, Middle)
Name _____ DOB: _____

Residence Address _____ Zip Code: _____

Residence Telephone Number _____ Other: _____

Business or School _____

Victim of Alleged Incident

Name _____ DOB: _____

Residence Address _____ Zip Code: _____

Residence Telephone Number _____ Other: _____

Business or School _____

Employee(s) Information (if known)

Name _____ Rank: _____

Division _____ Badge No. _____

Name _____ Rank: _____

Division _____ Badge No. _____

Name _____ Rank: _____

Division _____ Badge No. _____

Witnesses Information

Name _____ DOB: _____

Residence Address _____ Zip Code: _____

Residence Telephone Number _____ Other: _____

Witnesses Information (Cont'd)

Name _____ DOB: _____

Residence Address _____ Zip Code: _____

Residence Telephone Number _____ Other: _____

Name _____ DOB: _____

Residence Address _____ Zip Code: _____

Residence Telephone Number _____ Other: _____

Details of Complaint or Criticism

It is important to include as many factual details as possible so the incident may be fully investigated. Please use reverse side of this form, if necessary.

Date and Time of incident _____

Location of Incident _____

Details (Include Attachment As Needed)

I certify these statements are true and accurate to the best of my knowledge and belief.

Signature of Reporting Person

Signature of Parent/Guardian
(If Under 18 years old)