

I wish to register a complaint against the following named employee(s) of the California Department of Corrections and Rehabilitation:

Employee(s) Name	Description <small>(Job title, ID number, vehicle and license number, home address, etc. if known)</small>	Employee's Work Location <small>(if known)</small>

Date(s) of Incident **Time of Incident** **Location of Incident**

Details of Complaint (Include nature of complaint, names and address of witnesses and other involved parties, names of any law enforcement or social services agencies, doctors, or attorneys contacted, a chronology of the events, etc. It is important to include as many factual details as possible so that your complaint may be thoroughly investigated. Attach additional sheets if necessary.)

In order that the Department may contact you relative to your complaint, please provide the following:

Name: _____ **Home Phone:** () _____

Address: _____ **Work Phone:** () _____

If your complaint is against a Department peace officer, you must read and sign the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER PEACE OFFICER 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. CITIZENS' COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I have read and understand the above statement: _____ **Signature** _____ **Date** _____

Your complaint may be submitted to any supervisor or manager of the Department, or may be addressed to the Department's Office of Internal Affairs at any of the Regional Offices indicated on the reverse side of this form.

<i>For Departmental Use Only:</i>		
<i>Official Receiving Complaint</i>	<i>Office/Institution</i>	<i>Date Received</i>

INSTRUCTIONS

The Department of Corrections and Rehabilitation is committed to ensuring all departmental employees are courteous, ethical and professional in carrying out the Department's mission. The Department shall investigate citizens' complaints against employees to preserve the integrity and morale of the Department, foster public trust and confidence, and ensure accountability to the public. The investigations shall be thorough and impartial, with the intent of correcting or disciplining employees who engage in misconduct, identifying inadequate policies and training, and protecting employees who perform their duties properly from unwarranted criticism. The following outlines the process used by the Department for investigating complaints by citizens and departmental employees.

1. Section 3391 (b) of Title 15 of the California Code of Regulations specifies that an allegation by a non-inmate of misconduct by a departmental peace officer is a citizens' complaint pursuant to Penal Code Section 832.5. A citizens' complaint against any departmental employee may be initiated by completing and submitting this form to: (a) any departmental hiring authority, including warden/administrator of a correctional institution, parole office, or other departmental office; (b) any departmental supervisor or manager; or, (c) any Regional Office or Headquarters Office of the Department's Office of Internal Affairs. If your complaint regards sexual harassment or discrimination based on race, gender, national origin, religion, sexual orientation, or disability, it may be referred to the Department's Equal Employment Opportunity Office for investigation and appropriate disposition.
2. Provide as much detail as possible on this form to ensure a thorough and timely investigation. Attach additional sheets if necessary to describe your complaint. In addition, attach any documentation you believe supports your complaint. The date, time and location of the incident, where the subject employee(s) works, and names, addresses, and telephone numbers of other involved parties and witnesses are critical to a thorough investigation of your complaint.
3. Your complaint will be investigated by a departmental hiring authority or the Office of Internal Affairs nature and seriousness of the allegation(s). depending nature and seriousness of the allegation(s). on the
4. As the complainant, you will be contacted during the investigation regarding the information provided on this form and supporting documents, as well as any other knowledge you may have relative to the allegation(s). You may be interviewed regarding your complaint and, if criminal conduct is alleged, you may also be contacted by other federal, state, and/or local law enforcement agencies.
5. The investigator will verify the information you provide by collecting evidence and interviewing witnesses, other involved parties, and the subject employee(s). A final investigative report will be prepared at the conclusion of the investigation and you will be notified of the results of the investigation.
6. The departmental hiring authority will be provided with the investigative report. If any allegations of misconduct are sustained, a determination will be made regarding appropriate corrective and/or disciplinary action against the employee. The Director of Corrections and Rehabilitation has final authority on disciplinary matters.
7. In some cases, the results of the investigation may warrant changes to a departmental policy/procedure to alleviate any future concerns.
8. If formal adverse action is taken against the employee(s), the employee(s) has a right to appeal this action to the State Personnel Board. The Board may uphold the Department's action, or overturn the action based on its own independent evaluation of the allegation(s) and finding(s).
9. Complaints and investigative reports will be retained by the Department for a period of five years.

NOTE: A complaint by an inmate or parolee under the Department's jurisdiction shall be made on the Form CDCR 602 Inmate/Parolee Appeal under the appeal process outlined in the California Code of Regulations, Title 15, Sections 3084 through 3084.7.

Office of Internal Affairs: Northern Region
P.O. Box 3009
Sacramento, CA 95812
(916) 255-1301

Central Region
5100 Young Street
Building B, Suite 160A
Bakersfield, CA 93311
(661) 664-2054

Southern Region
9035 Haven Avenue
Suite 105
Rancho Cucamonga, CA 91730
(909) 483-1594