



## Citizen Complaint

Peace Officer Investigations Branch  
P.O. Box 997413, MS 2200  
Sacramento, CA 95899-7413  
(916) 750-1169

ID Case Number:
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Complaint Number:
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### Complainant

Name:	Date of Birth:	
Street Address:		
City:	State:	Zip Code:
Home Phone Number:		Cell Phone Number:
E-Mail:		
Date of Incident:		Time of Incident:
Location of Incident:		
Witness' Name:		Witness' Phone Number:
Witness' Street Address:		City:
		State:
		Zip:

Is your complaint based on the belief that you were discriminated and/or harassed because of your race, color, national origin, ancestry, age, sex, gender, gender identify, gender expression, sexual orientation, marital status, medical condition, disability, religion, genetic information, veteran or military status, or other protected classification?      Yes      No

If your answer to the above is "yes", please explain:

**Department of Health Care Services  
Audits & Investigations - Investigations Division  
Peace Officer Investigations Branch Employee(s)**

Name(s):

**Please explain the incident:**

## Legal Advisement and Acknowledgement

*You have the right to make a complaint against a Department peace officer for any improper officer conduct. California law requires the Department to have a procedure to investigate citizens' complaints. You have the right to a written description of the procedure. The Department may find that after the investigation, 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 the Department for no less than five years.*

*Pursuant to California Penal Code § 148.6, 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 hereby verify the facts and circumstances I have detailed above are true and correct to the best of my knowledge. I understand I will be interviewed regarding this complaint. **I agree to cooperate fully with the investigation.**

Name: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_

Date:

Parent or Guardian Signature (*if Complainant is under the age of 18*):

You may mail this form to:

**Department of Health Care Services  
Peace Officer Investigations Branch  
P.O. Box 997413, MS 2200  
Sacramento, CA 95899-7413**

## **Supervisor Receiving Complaint:**

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**Badge Number:**

### Date Received

## **Taped Statement:**

**Yes      No (Attach Explanation)**

## **Citizen Complaint Policy**

As law enforcement officers we are governed by applicable Federal, State and Municipal laws. In addition to these regulations, we are expected to comply with the provisions of our Policies and Procedures, other Department directives and the Law Enforcement Code of Ethics. Uniform enforcement practices must be followed throughout the community and the law must be enforced courteously and appropriately.

Since we endeavor to provide professional law enforcement services to the community, our duties must be performed in a manner that will inspire the confidence and respect of the public.

When a citizen makes a written complaint against a member of the Department, that complaint shall be reviewed, and investigated, if appropriate. When an investigation establishes a citizen complaint is valid, appropriate administrative action will be taken.

**Complaint Defined:** A complaint is defined as an allegation of misconduct by an employee which, if found to be true, could result in disciplinary action.

**Complaint Dispositions:** Based upon the findings of the Department's investigation, a complaint may be classified in the following manner: **Sustained, Not Sustained, Exonerated, or Unfounded.**

1. **Sustained Complaint:** A complaint is considered "**Sustained**" when the investigation reveals that:
  - The employee has committed the act(s) of misconduct alleged in the complaint.
  - The employee omitted a required duty.
2. **Not Sustained Complaint:** A complaint is considered "**Not Sustained**" when the investigation discloses insufficient evidence to clearly prove or disprove the allegation(s) made.
3. **Exonerated Complaint:** A complaint is considered "**Exonerated**" when:
  - The act occurred but the act was justified, lawful, and proper.
  - The allegation(s) were resolved to the Complainant's satisfaction and the Complainant requests no further action.
4. **Unfounded Complaint:** A complaint is considered "**Unfounded**" when the allegations are without basis.

**For further information regarding the Department of Health Care Services  
citizen complaint process, please write to:**

**Department of Health Care Services  
Peace Officer Investigations Branch  
P.O. Box 997413, MS 2200  
Sacramento, CA 95899-7413**

**Send an email to: [IDCitizenComplaints@dhcs.ca.gov](mailto:IDCitizenComplaints@dhcs.ca.gov)  
or call (916) 750-1169**

**Privacy Notice on Collection**

The following privacy notice is required by California Civil Code section 1798.17.

The purpose of this form is to collect information that allows the Department of Health Care Services (Department) to investigate citizen complaints against Department Peace Officer Investigations Branch Employees. All information furnished by you is subject to the California Information Practices Act and State Policy. The information in this form is being collected by the Department's Peace Officer Investigations Branch by the authority of California Penal Code § 832.5.

All information requested in this form is voluntary and there is no consequence for not supplying the information requested. However, if you do not provide the requested information either in this form or at the Investigations Branch email listed below, the Department may not be able to fully investigate your complaint. The Department may also share provided information with: (1) other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected, and (2) local, state, or federal government entities if required by state or federal law. Please do not provide any personal or medical information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. For more information or access to records containing your personal information maintained by the Department, contact the following:

Department of Health Care Services  
Peace Officer Investigations Branch  
P.O. Box 997413, MS 2200  
Sacramento, CA 95899-7413  
(916) 750-1169  
[IDCitizenComplaints@dhcs.ca.gov](mailto:IDCitizenComplaints@dhcs.ca.gov)

If you wish to obtain a paper copy of DHCS' privacy policy and practices, or wish to file a complaint regarding privacy practices, you may contact the Department's Data Privacy Unit by mail, email, or telephone:

Privacy Office  
c/o: Data Privacy Unit  
Department of Health Care Services  
P.O. Box 997413, MS 4722  
Sacramento, CA 95899-7413  
Email: [incidents@dhcs.ca.gov](mailto:incidents@dhcs.ca.gov)  
Telephone: (916) 445-4646

The Department of Health Care Services' policies regarding personal information are available online in the Department's Notice of Privacy Practices (<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>) and the Privacy Policy Statement (<https://www.dhcs.ca.gov/pages/privacy.aspx>).