



DEPARTMENT OF HEALTH CARE SERVICES

CITIZEN COMPLAINT FORM

IB Case #
Complaint #

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

COMPLAINANT

NAME:	DATE OF BIRTH	
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE NO.:	CELL PHONE NO.:	
E-MAIL		
DATE OF INCIDENT:	TIME OF INCIDENT:	
LOCATION OF INCIDENT:		
WITNESS' NAME:	WITNESS' PHONE NO.:	
WITNESS' ADDRESS:		

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
 INVESTIGATIONS BRANCH EMPLOYEES**

NAME(s):

Please explain the incident:

[Large empty box for incident explanation]

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 or deliver this form to:
Department of Health Care Services
Investigations Branch
P.O. Box 997413, MS 2200
Sacramento, CA 95899-7413

Supervisor Receiving Complaint:	

Badge #: _____	
Date Received: _____	
TAPED STATEMENT:	
YES	NO (EXPLAIN)

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
Investigations Branch
P.O. Box 997413, MS 2200
Sacramento, CA 95899-7413**

**Send an email to: IBCitizensComplaints@dhcs.ca.gov
or call (916) 750-1169**