

South San Francisco Police Department
1 Chestnut Avenue
South San Francisco, CA 94080

To Our Citizens:

As your Chief of Police, I want to assure you that your Department wishes to provide you the best type of law enforcement possible.

We invite your suggestions for methods of improving police services through constructive criticism of Department procedures, your comments indicating dissatisfaction with manner of performance, or information concerning commendable actions by employees of our Department.

Each report received will be investigated and appropriate action taken. Complaints against Department personnel will be handled in a prompt and unbiased manner. Your suggestions about improved procedures will be investigated, evaluated, and implemented when feasible to do so. Any commendation of the actions of our personnel will result in appropriate recognition.

If you wish to make a report in person, please come to your Police Department. You will be received courteously, and thorough consideration will be given to your report. If you wish to register your report in writing, complete and mail this form. Please provide as much information as possible. Give your name and address so that we may contact you for further information, if needed. Information will be kept confidential.

Every report will receive my personal attention.

Remember, law enforcement is everybody's business.



Scott Campbell
Chief of Police

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

(REVISED: MARCH 2022)

COMPLAINT REPORT		FILE NO. (OFFICE USE ONLY)
PRINT YOUR NAME		TODAY'S DATE
ADDRESS: NO. AND STREET	CITY	ZIP
		TELEPHONE NO.
DAY AND DATE OF INCIDENT	TIME OF INCIDENT	
LOCATION OF INCIDENT		
PRINT NAMES OF ANY WITNESSES, THEIR ADDRESSES AND TELEPHONE NUMBERS (IF KNOWN)		
IF A PERSON WAS ARRESTED, PRINT HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER (IF KNOWN)		
PRINT THE NAME, BADGE NUMBER AND CAR NUMBER OF POLICE PERSONNEL INVOLVED (IF KNOWN)		
PRINT THE NATURE OF COMPLAINT, OPINION, SUGGESTION/RECOMMENDATION, PROVIDING AS MUCH DETAIL AS POSSIBLE. ATTACH ADDITIONAL SHEETS, IF NECESSARY. DOES THE COMPLAINANT ALLEGE RACIAL OR IDENTITY PROFILING?		
<input type="checkbox"/> CONTINUED		SIGNATURE _____

Return Address

Place
Stamp
Here

Chief of Police
South San Francisco Police Department
1 Chestnut Avenue
South San Francisco, CA 94080

CONFIDENTIAL

