## City of Marina

## **MARINA POLICE DEPARTMENT**



211 HILLCREST AVENUE MARINA, CA 93933 831-884-1210; FAX 831-384-5321 www.ci.marina.ca.us

## Citizen Commendation/Complaint (Please circle appropriate action)

| Date:  |   |  | Year:   | No  |  |
|--|---|--|---|---|--|
| Citizen's Name:  |   | Tir  | ne:   |   |  |
| Address:   | Date of Birth:  |  |   |   |  |
| Phone:   |   | Cell/Work number:  |   |   |  |
| Where incident to  | ook place:  | Date:  |   | Time:   |  |
| If person was arre   | ested, name and address, telep  | hone number and report nun   | nber, if known.   |   |  |
| Name:  |   | Date of Bird   | th:   | Time:   |  |
|  |   |  |   |   |  |
|  | <i>tion</i> – (If more room is needed   |  |   |   |  |
| Name:  |   |  | Date of B   | irth:   |  |
|  |   |  |   |   |  |
|  |   |  |   |   |  |
|  |   |  |   |   |  |
|  | onnel Involved, if known – (I   |  |   |   |  |
| Name:  | Employee #:   | Name:  | I   | Employee #:   |  |
| Name:  | Employee #:   | Name:  | I   | Employee #:   |  |
| on back of attach  | an additional sheet)  |  |   |   |  |
| FOR ANY IMPRO- INVESTIGATE CIT AGENCY MAY FIN COMPLAINT; EVEN YOU BELIEVE AN COMPLAINTS MUS COMPLAINT HAT YOU CAN BE PROS I HAVE READ AN | rt of a Peace Officer conduct. YOU PER POLICE CONDUCT. CALIFIZEN'S COMPLAINTS. YOU HAVED AFTER INVESTIGATION THAN IF THAT IS THE CASE, YOU HAVED IMPROPERLED BY THIS AGE YOU KNOW TO BE FALSE. IF YOU SECUTED ON A MISDEMEANOR OF THE ABOUT | FORNIA LAW REQUIRES THE VE A RIGHT TO A WRITTEN AT THERE IS NOT ENOUGH E VE THE RIGHT TO MAKE THE OY. CITIZEN COMPLAINTS AND NCY FOR AT LEAST FIVE YE U MAKE A COMPLAINT AGAIN CHARGE. | IS AGENCY TO DESCRIPTION OF VIDENCE TO WA COMPLAINT AND ANY REPORTS OF ARS. IT IS AGAIN ST AN OFFICER K | HAVE A PROCEDURE TO<br>DE THIS PROCEDURE. THIS<br>RRANT ACTION ON YOUR<br>HAVE IT INVESTIGATED IF<br>DR FINDINGS RELATING TO<br>NST THE LAW TO MAKE A<br>NOWING THAT IT IS FALSE, |  |
| Person Receiving   | Complaint:  |  | Date:   | Time:   |  |

| DECRIPTION OF EVENT (CONTINUATION): |  |  |  |  |  |
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