



# Kensington Police Department

217 ARLINGTON AVENUE / KENSINGTON, CALIFORNIA 94707  
TEL: 510-526-4141 FAX: 510-526-1028

Rickey Hull  
Int. Chief of Police

## CITIZEN'S COMPLAINT FORM.

\_\_\_\_\_  
(Complaint Number)

Person Filing Complaint:

\_\_\_\_\_  
(Last) (First) (MI) (Date of Birth)

\_\_\_\_\_  
(Address) (State) (Zip) (Telephone)

\_\_\_\_\_  
(Location of Occurrence) (Date/ Time of Occurrence)

### IMPORTANT! READ AND SIGN THE FOLLOWING INFORMATION

It is the intent of the Kensington Police Department to fully investigate allegations of misconduct by its members. Although complaints cannot always be resolved to a citizen's satisfaction, all investigations are conducted objectively, with a goal of maintaining public confidence and departmental integrity. After completion of the investigation, complaints are directed through the chain of command for an impartial review. After final approval, the citizen is provided with a closing written response.

The citizen's complaint process is designed to investigate the allegations of citizens and to make a determination of fact as to any wrongdoing

You have the right to make a complaint against a police officer for any improper police conduct. California law requires this agency to have a procedure to investigate citizen's 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.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

\_\_\_\_\_  
(Complainant's Signature)

\_\_\_\_\_  
(Date)

**CITIZEN'S COMPLAINT SUMMARY**

**WITNESS:**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_

(DATE OF BIRTH) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(TELEPHONE) \_\_\_\_\_

**WITNESS:**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_

(DATE OF BIRTH) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(TELEPHONE) \_\_\_\_\_

**OFFICER(S) INVOLVED**

(NAME) \_\_\_\_\_

(NAME) \_\_\_\_\_

(OFFICER ACCEPTING COMPLAINT AND DATE) \_\_\_\_\_ (INVESTIGATOR AND DATE RECEIVED) \_\_\_\_\_

**DESCRIPTION OF INCIDENT** (Be as specific as possible)

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