

INYO COUNTY PROBATION DEPARTMENT

COMMUNITY, PRIDE, AND PROGRESS

JEFFREY L. THOMSON CHIEF PROBATION OFFICER JACOB E. MORGAN DEPUTY CHIEF MARK A. OLSEN DEPUTY CHIEF



CITIZEN COMPLAINT FORM

Summary of Complaint Process

After your complaint is filed, a Probation Department employee assigned by the Chief Probation Officer will promptly gather all information pertinent to each allegation of misconduct in the complaint. The Chief Probation Officer will make the final disposition on the case. You will receive notification by letter at the conclusion of the investigation. When complaints are sustained, the Chief Probation Officer shall determine and administer appropriate corrective action.

(To be completed by Probation Departme	ent Administration)							
Case #	Assigned to:							
Name:		Date of Birth:						
Address: (Street, City, State,	Zip)		•					
Business Address:								
Home Phone:	Business Phone:	Mo	Mobile Phone:					
	<u>.</u>							
Location of Occurrence:								
Officer(s) or Employee(s) Invo	lved: (Name & Agency) If n	nore than 3 continue o	n separate page					
1.								
2.								
3.								
Brief Description of Incident: (Continue long narratives on additional pages provided.)								
You have the right to make a complaint against any peace officer/agency personnel for any improper 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 or employee behaved improperly. Citizen Complaints and any reports or findings relating to the complaint must be retained by this agency for at least five years. ☐ I have read and understand the above statement ☐ Phone Complaint: (Above statement read to complainant.)								
	nd the above statement	☐ Fnone Complain		nt read to complainant)			
SIGNATURE:			Date:					
Signature of parent (If under 1	.8 years of age):							

Bishop Office: 918 N. Main Street, Bishop, CA 93514

(760) 872-4111 · Fax: (760) 872-0931

Juvenile Division: 912 N. Main Street, Bishop, CA 9351

(760) 872-4005 • Fax: (760) 872-0930

Independence Office: 201 Mazourka Canyon Road

P.O. Box T, Independence, CA 93526 (760) 878-0274 • Fax: (760) 878-1010

Juvenile Center: P. O. Box 306, Independence, CA 93526

Official receiving complaint:		D	ate:		Time:	
Witness:		l l	<u> </u>		1	
Name: Dat			e of Birth:			
Address: (Street, City, State, Zip)						
Business Address:						
Home Phone:	Business Phone: Mobile Phone:					
Witness:					<u> </u>	
Name:	Date of Birth:					
Address: (Street, City, State, Zip)						
Business Address:						
Home Phone:	Business Phone:		Mo	obile Phone:		
Witness:						
Name:			Dat	e of Birth:		
Address: (Street, City, State, Zip)						
Business Address:						
Home Phone:	Business Phone:		Mo	obile Phone:		
Witness:						
Name:			Dat	e of Birth:		
Address: (Street, City, State, Zip)						
Business Address:						
Home Phone:	Business Phone:		Mo	obile Phone:		
Details of Incident: (To be complete	ed by Complainant)					
Signature:				Date:	Time:	

You may mail this complaint form to:

Inyo County Probation Department Attn: Chief Probation Officer 918 North Main Street Bishop, CA 93514

Complaint forms may also be dropped off at any Probation Department office.

Details Continued:	
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