



# Moraga Police Department

## Personnel Complaint Form

It is the intent of the Moraga Police Department to fully investigate allegations of misconduct by its members. In order to allow the Department to meet this objective, your cooperation is needed. Please complete the following as completely as possible. A member of the department will contact you in the near future to solicit more information. Upon the conclusion of the investigation, you will be told of the findings of the investigation. Any disciplinary action, which may be taken against a member of the Department as a result of such an investigation, is confidential.

### Reporting Person:

_____	_____	_____	_____
Last Name	First	MI	Date of Birth
_____			_____
Address			Telephone

### Victim of Misconduct (If other than above):

_____	_____	_____	_____
Last Name	First	MI	Date of Birth
_____			_____
Address			Telephone

### Witness to Misconduct:

_____	_____	_____	_____
Last Name	First	MI	Date of Birth
_____			_____
Address			Telephone

_____	_____	_____	_____
Last Name	First	MI	Date of Birth
_____			_____
Address			Telephone

Officer(s) Involved:

\_\_\_\_\_  
Name Name

Incident:

\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Location

Description of Incident: (Please be as specific as you possibly can)

You have the right to make a complaint against a police officer for any improper police misconduct. 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.

I have read and understood the above the statement.

\_\_\_\_\_  
Signature of Reporting Person Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Signature of Officer Accepting Complaint Date