

County of Santa Cruz

Sheriff-Coroner

5200 Soquel Ave Santa Cruz, CA 95062 (831) 454-7600 FAX: (831) 454-7604

Chris Clark Sheriff-Coroner

Military Style Equipment Complaint Form Cover Letter

You have the right to make a complaint regarding military style equipment as defined pursuant to Sheriff's Office Policy 706. Complaints regarding the use of military style equipment will be added to the annual report for consideration by the Board of Supervisors. You will be notified of receipt of this complaint via mail.

Complainant's Name, Printed	_	
Complanant 3 Name, 1 Inted		
Complainant's Signature	_	Date

Santa Cruz County Sheriff's Office

Equipment Complaint Form

Complainant's LAST Name, First, Middle	☐ Male ☐ Female	Phone:			Date of Bir	th:
			T			
Address	City/Zip		Email:			
Complete this Portion if Complainan	t is a Minor or if Assisted by an Att	orney				
LAST Name, First, Middle		Relationship to Complainant:				
Address	City/Zip Phone: E		Email:	Email:		
Location of Occurrence:			Day:	Date:	Time:	☐ AM ☐ PM
Type of Equipment (list items individ	ually)		l			
Brief Summary of Your Complaint Using Own \	Words. (If you need more space, use a	dditional nar	rative pag	e)		
	<u> </u>					
				<u> </u>		
Complainant's Signature XDate						
Complainant's Signature A				Date		
For Official Use Only						
Complaint Received by Walk-in Mail Fax	Date Received					
EMPLOYEE RECEIVING ALLEGATION	POSITION		D	IV	I.D.	DATE