



# County of Santa Cruz

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Sheriff-Coroner

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

**Jim Hart**  
Sheriff-Coroner

## Complaint Form Cover Letter

You have the right to make a complaint regarding conduct by an employee of the Santa Cruz County Sheriff's Office without concern for reprisal or retaliation. You are entitled to a copy of your statement at the time you file the allegation. The Sheriff's Office will investigate your allegation(s). When the investigation is complete, the Sheriff's Office may take personnel action against the employee if it determines misconduct occurred, or this agency may conclude that there is insufficient evidence to warrant personnel action. A notice regarding the finding of the investigation will be provided to the complainant within 30 days of the completed investigation. Complaints and any reports or findings will be retained for at least five years.

\_\_\_\_\_  
**Complainant's Name, Printed**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

**Santa Cruz County Sheriff's Office**

**Complaint Form**

Complainant's LAST Name, First, Middle		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race:	<input type="checkbox"/> Hispanic	Date of Birth:
				<input type="checkbox"/> Asian	<input type="checkbox"/> White	
				<input type="checkbox"/> Black	Other _____	
Address			City/Zip	Phone :	Email:	

**Complete this Portion if Complainant is a Minor or if Assisted by an Attorney**

LAST Name, First, Middle		Relationship to Complainant:	
Address		City/Zip	Phone:
			Email:

Location of Occurrence:	Day:	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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**Identity of Involved Personnel**

Badge No.	Name / Vehicle No., etc.	Sex	Race

Brief Narrative Using Own Words. *(If you need more space, use additional narrative page)*

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Were you Injured?  No  Yes *(Describe)*

Witness Name (LAST, First, Middle)	Address	City/Zip	Phone (Include Area Code)

Does your complaint involve any of the following criteria: race or ethnicity (including color), nationality, age, religion, gender, gender expression, sexual orientation, mental disability, or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*Complainant's Signature* X \_\_\_\_\_ *Date* \_\_\_\_\_

**For Official Use Only**

Complaint Received by	Date Received
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax	
EMPLOYEE RECEIVING ALLEGATION	POSITION
	DIV
	I.D.
	DATE

