The Fresno County Probation Department welcomes justified complaints concerning the actions of our employees. The Chief Probation Officer wants to inform you that this Department wishes to provide you the best service possible.

### Citizen Complaint Form

#### Peace Officer

<table>
<thead>
<tr>
<th>Citizen Complaint Form</th>
<th>Incident Number</th>
<th>Date Report Filed</th>
</tr>
</thead>
</table>

**Reporting Person:**

- **Name (Last, First, Middle)**
- **Home Phone #**
- **Bus. Phone #**
- **Mobile #**

- **Address (City, State, Zip Code)**

- **Date of Birth:**
- **CDL #**

**Victim of Misconduct (if other than above):**

- **Name (Last, First, Middle)**
- **Home Phone #**
- **Bus. Phone #**
- **Mobile #**

- **Address (City, State, Zip Code)**

**Day and Date of Incident**

<table>
<thead>
<tr>
<th>Time of Incident</th>
<th>Location of Incident</th>
</tr>
</thead>
</table>

**Witness(s):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone (Home/Bus/Mobile)</th>
</tr>
</thead>
</table>

**Name(s) of Employee (if known):**

<table>
<thead>
<tr>
<th>Name of officer/employee</th>
<th>Car Number (if known)</th>
<th>Badge Number (if known)</th>
</tr>
</thead>
</table>
Give a brief narrative description of the events that led to this complaint. You may attach additional sheets as necessary.

ADVISORY TO COMPLAINANTS

Fresno County Probation Department requires that the statements and reports about officers or other personnel be verified by a declaration “under penalty of perjury” confirming all statements and reports communicated by you in the Complaint Form are true and correct.

“PLEASE BE AWARE THAT PURSUANT TO CALIFORNIA LAW EVERY PERSON WHO, BEING REQUIRED BY LAW TO MAKE ANY RETURN, STATEMENT, OR REPORT, UNDER OATH, WILLFULLY MAKES AND DELIVERS ANY SUCH RETURN, STATEMENT, OR REPORT, PURPORTING TO BE UNDER OATH, KNOWING THE SAME TO BE FALSE IN ANY PARTICULAR, IS GUILTY OF PERJURY, WHETHER SUCH OATH WAS IN FACT TAKEN OR NOT. California Penal Code §129.”

HAVING READ AND UNDERSTOOD THE FOREGOING WARNING, I WISH TO PROCEED TO VERIFY EACH STATEMENT BY ME SET FORTH ABOVE UNDER PENALTY OF PERJURY.

“I hereby declare under penalty of perjury pursuant to the laws of the State of California that the foregoing statements and reports by me are true and correct.”

Signature (be sure to READ above statement BEFORE signing) Date

When completed mail to:
Probation Services Manager- Personnel
3333 E. American Ave., Ste. B
Fresno, California 93725
(559) 600-4896

FOR USE BY THE PROBATION DEPARTMENT:

Signature of person receiving complaint Phone number Date/Time

OFFICE OF THE CHIEF PROBATION OFFICER
3333 East American Ave / Bldg 701, Suite B / Fresno, California 93725 / Phone (559) 600-1294 / FAX (559) 600-2488
The County of Fresno is an equal employment opportunity employer