

**LIVINGSTON POLICE DEPARTMENT INFORMATION**

**ADVISORY FOR PERSONNEL COMPLAINTS**

**Please read and sign the following admonishment.**

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE THE RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND THAT AFTER THE 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.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A FALSE COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE. ANY LAW ENFORCEMENT AGENCY ACCEPTING AN ALLEGATION OF MISCONDUCT AGAINST A PEACE OFFICER SHALL REQUIRE THE COMPLAINANT TO READ AND SIGN A CITIZEN ADVISORY FORM (PENAL CODE SECTION 148.6 (2)).

IN THE EVENT THE COMPLAINT RESULTS IN DISCIPLINARY PROCEEDINGS AGAINST THE OFFICER(S) OR EMPLOYEE(S) NAMED, YOU MAY BE ASKED TO APPEAR BEFORE THE LIVINGSTON CITY COUNCIL OR ANY OTHER EXAMINING AUTHORITY. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENT I HAVE GIVEN IS TRUE AND CORRECT.

I have read and understand the above statement.

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COMPLAINANT'S SIGNATURE

DATE

LIVINGSTON POLICE DEPARTMENT COMPLAINT FORM

1.

Name of Complainant: \_\_\_\_\_

Last

First

Middle

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip

Work Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please note: Complainants must advise the Livingston Police Department at 209-394-7916, of any changes of address or phone; failure to provide current information or means for the Livingston Police Department to contact the complainant may result in dismissal of the case.

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2.

Location of Incident: \_\_\_\_\_

Day, Date & Time of Incident: \_\_\_\_\_

Please describe any injuries suffered: \_\_\_\_\_

Were photos taken of the injuries? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Where were the injuries treated? \_\_\_\_\_

Who treated the injuries? \_\_\_\_\_

Were you Arrested? \_\_\_\_\_ Criminal Charges Pending? \_\_\_\_\_

LPD Report/Citation #: \_\_\_\_\_



5.

If applicable, list other complainants and/or witnesses:

Name: \_\_\_\_\_

Last

First

Middle

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

6.

If you have filed a complaint with another agency regarding this incident, please note the date and person contacted.

Livingston Police Department: \_\_\_\_\_

City Manager: \_\_\_\_\_

Mayor: \_\_\_\_\_

Council Member: \_\_\_\_\_

Other: \_\_\_\_\_

Completed Complaint Forms shall be mailed to:

Livingston Police Department

Administrative Division

1446 C Street

Livingston, CA 95334

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