

*The Commission on Peace Officer Standards and Training (POST) shall accept complaints against a California peace officer from members of the public. Complaints received from the public will be forwarded to the employing agency for investigation and disposition.*

*If you wish to remain anonymous and not provide your contact information, POST will still accept your complaint of alleged misconduct. However, we will be unable to provide you with a notification regarding the findings of the investigation.*

**SECTION 1: INCIDENT INFORMATION**

DATE OF INCIDENT (MM/DD/YYYY)	TIME (AM/PM)	NAME OF AGENCY INVOLVED
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LOCATION OF INCIDENT

COUNTY INCIDENT TOOK PLACE

**SECTION 2: COMPLAINANT INFORMATION**

FIRST NAME	LAST NAME
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DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
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ETHNICITY

American Indian or Alaska Native     Asian or Pacific Islander     Black or African     American Hispanic or Latino  
 Middle Eastern     South Asian     White/Caucasian     Multiracial     Not listed     Prefer Not to Answer

PHONE	EMAIL
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STREET ADDRESS

CITY	STATE/PROVINCE	POSTAL/ZIP CODE	COUNTRY
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RELATIONSHIP TO THE INCIDENT

Victim     Witness     Family Member/Friend     Concerned Citizen     Coworker     Other

**SECTION 3: INCIDENT INFORMATION**

TYPE OF INCIDENT

Dishonesty     Excessive Use of Force     Demonstrating Bias     Sexual Assault  
 Failure to Intercede with Excessive Use of Force     Other \_\_\_\_\_

HOW MANY OFFICERS?	OFFICER 1 NAME	BADGE NUMBER OR EMPLOYEE ID NUMBER OF OFFICER 1
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**SECTION 4: INCIDENT DETAILS**

Is there a summons or arrest associated with this incident?     Yes     No

Has this incident been reported to another agency?     Yes     No

If yes, give Agency Name: \_\_\_\_\_

**PLEASE DESCRIBE COMPLAINT ON NEXT PAGE**

