

SADDLEBACK COLLEGE POLICE
28000 Marguerite Parkway
Mission Viejo, CA 92692
(949) 582-4585 Fax: (949) 5824925

Date Complaint Received: ____ / ____ / ____

**Citizens Complaints against Department Employees or Campus Police Officers
Penal Code Section 832.5**

| | | | | |
|--|----------|---------|---|--------------|
| Name _____ | | | Date of Birth ____ / ____ / ____ | |
| (First) | (Middle) | (Last) | (Month) | (Day) (Year) |
| Address _____ | | | | |
| (Street) | (City) | (State) | (Zip Code) | |
| Day Phone (____) _____ | | | Evening Phone (____) _____ | |
| I want to file a complaint against _____ | | | | |
| (Employee's Name or Officer's Name and Badge Number) | | | | |

COMPLAINT NARRATIVE

On _____, ____ / ____ / _____, at about _____ at _____,

(Week Day) (Month) (Day) (Year) (Time) (Location)

Employee(s)/Officer(s) _____

(Attach as many additional pages as necessary)

(Signature of Complainant) (Signature of Parent or Guardian if under 18) (Month) (Day) (Year)