

SOLANO COUNTY PROBATION DEPARTMENT

CIVILIAN COMPLAINT FORM

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST AN EMPLOYEE FOR ANY IMPROPER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CIVILIAN COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER 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 EMPLOYEE BEHAVED IMPROPERLY. CIVILIAN 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.**

I have read and understand the above statement.

\_\_\_\_\_  
Complaining party

\_\_\_\_\_  
Date

COMPLAINANT

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

I wish to report the employee(s) named below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Check any of the following that apply:

- \_\_\_\_\_ Committed a law violation
- \_\_\_\_\_ Committed an act of professional misconduct
- \_\_\_\_\_ Performed with incompetence
- \_\_\_\_\_ Other

On (Date and Time) \_\_\_\_\_ the employee(s) did the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional pages if necessary)

\_\_\_\_\_

Complaining Party

\_\_\_\_\_

Date

**DO NOT WRITE BELOW THIS LINE  
FOR DEPARTMENT USE ONLY**

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\_\_\_\_\_  
**Signature-Supervisor Receiving Complaint      Date**

\_\_\_\_\_  
**Signature-Manager Reviewing Complaint      Date**