Pinole Police Department Administrative Offices 880 Tennent Avenue Pinole, California 94564 510-724-8950

#### SERVICE/PERSONNEL COMPLAINT FORM



Complainant's Name (Last, First, I	Middle)		Language Spoken		P.I. Number
Address	City	Zip	<u> </u>	Home Phone	Work/Cell Phone

Location of Occurrence	Day	Date	Time
	=		

Witness Name (Last, First, Middle)	Address Zip	City	Phone (Include Area Code)

#### Identity of Involved Personnel

Badge No.	Name/Vehicle Number	() Officer	() Civilian	Sex	Race

## Details of Complaint (Use Reverse side; Attach Additional Pages if Necessary)

What would you like as a result of this complaint?		

# Complainant's Signature X

Date

Person/Supervisor Receiving Complaint	ID No.	Assignment	Date	Time

### Department Use Only:

Check all Categories that Apply:		Complaint Received by:		Date Received
() Service	() Citizen	( ) Walk In	( ) Mail	
() Personnel	() Internal	() Fax	() Other	Assistant To:
Other		Incident Number:		Assigned To:

ief Narrative Using Own Words. If you need more space, use additional sheets of paper. Any questions, call the Police