



COMPLAINT ABOUT PEACE OFFICERS/ LAW ENFORCEMENT AGENCY

Kamala D. Harris
Attorney General

PUBLIC INQUIRY UNIT
(916) 322-3360/ (800) 952-5225 Toll Free - CA only
TTY/TDD (800) 735-2929 (California Relay Service)
For TTY/TDD outside California contact your state's relay service
number at <http://www.fcc.gov/cgb/dro/trsphonebk.html>
AG Web Site: <http://www.ag.ca.gov/>

Mail Form to:

Public Inquiry Unit
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

NOTE: We do not provide an on-line filing process for this type of complaint because document attachments are needed.

SECTION 1 - POLICY FOR REVIEWING CITIZEN COMPLAINTS AGAINST LAW ENFORCEMENT

Under the general policy of the Department of Justice, your complaint about a law enforcement agency or its employee(s) must be addressed first to appropriate local authorities. The Attorney General will review complaints for possible investigation when substantive allegations of unlawful conduct are made and all appropriate local remedies have been exhausted.

HAVE YOU EXHAUSTED APPROPRIATE LOCAL REMEDIES?	NO <input type="checkbox"/>	Please contact appropriate local authorities (e.g. sheriff or police department, district attorney, citizens' review commission and/or grand jury in the jurisdiction).
	YES <input type="checkbox"/>	PROCEED WITH COMPLAINT FORM.

SECTION 2 - TYPE OF COMMUNICATION

This is a complaint about a law enforcement officer. This is a complaint about a law enforcement agency.

SECTION 3 - YOUR CONTACT INFORMATION (To receive a response in writing, you must provide your mailing address)

First Name:	MI:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	

SECTION 4 - LAW ENFORCEMENT AGENCY OR EMPLOYEE INFORMATION

Employee's Name:		
Agency Name:		
Agency Address:		
City:	State:	Zip Code:
Agency/Official's Phone:		

SECTION 5 - LOCAL REMEDIES SOUGHT

Have you contacted the local law enforcement agency about your complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, what agency/agencies?		
Have you filed a complaint with the county district attorney?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you filed a complaint with the county grand jury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you contacted another agency for assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, what agency/agencies?		
Have you contacted an attorney for assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, provide the attorney's Name:		
Address:		
Phone:		

SECTION 6 - YOUR COMPLAINT

Provide specific information about the alleged misconduct and detail your efforts to obtain local remedies. If more space is needed, attach additional pages. ALSO ATTACH A COPY OF YOUR COMPLAINT(S) TO THE LOCAL AUTHORITIES AND THEIR RESPONSE(S). Do Not Send Original Documents.	Total # Pages Attached:
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[If you need more space and are using this fillable form, create a document (e.g. MS Word or WordPerfect) to print and attach.]

Signature:	Date:
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