



Town of Ross
Police Department
33 Sir Francis Drake Blvd.
P.O. Box 320
Ross, CA 94957
(415) 453-1453
www.townofross.org

CITIZEN'S COMPLAINT FORM

(Revised 05/2006)

The demands placed upon police officers are tremendous and require that each officer use sound judgment in accomplishing their responsibilities and sworn duties. As such, police officers must have confidence that when they risk their lives to investigate suspicious circumstances, keep the peace or enforce the law, that they do so without fear of unjust reprisal. Regardless, Ross police officers must do this while giving the utmost attention to the rights of all persons. Should any person feel that their rights have been violated, or that actions taken by any member of the Ross Police Department were improper, this form will allow us to process your complaint.

A complaint may be made at any time of the day or night. To investigate a complaint properly, all complaints must be written on this form and sent to the Ross Police Department ATTN: Chief of Police, P.O. Box 320, Ross, CA 94957-0320.

If you are unsure about filing a complaint, or want to ask questions about a particular incident, you are encouraged to speak to a police supervisor by:
1. Visiting the Police Department and speaking with the duty sergeant; 2. Calling (415) 453-1453 ext 151 or 152 for our sergeant's voicemail; or 3. Calling (415) 453-1453 ext 101 for the Chief.

All complaints received will be immediately forwarded to the Chief of Police and assigned to an investigator as soon as possible. A thorough investigation will be conducted including interviews with all persons listed in your complaint and relevant evidence and statements will be recorded. You will be notified of the results of any investigation. If you are not satisfied with our investigation, you may also contact the following entities; Ross Town Manager or Mayor, Marin County District Attorney's Office, Marin County Civil Grand Jury, California Office of the Attorney General, U.S. Federal Bureau of Investigation.

Your Name: _____ HM Phone: _____

Address: _____ WK Phone: _____

INCIDENT Date: _____ INCIDENT Time: _____

INCIDENT Location: _____

OFFICER(S) INVOLVED: _____

COMPLAINT:

[] check here if continued on reverse side.