Ross Police Department

33 Sir Francis Drake Blvd / P.O. Box 320 Ross, California 94957 Erik Masterson, Chief of Police 415-453-1453

PERSONNEL COMPLAINT FORM

Complainant's Name:		Date o	Date of Birth://	
Street:	City:	State:	Zip:	
Home Phone: ()	Business Phone :()		
	INCIDENT INFORMATI	ION		
Date of Incident:/	_/ Time of Incid	dent::	AM / PM	
Location of Incident:				
POLICE EMPLOYEE(S) INVOLVED N	ame:	me: Badge Number:		
	ALLEGED COMPLAIN	IT		
(Please be very specific and detailed. I	Please list all witness information	on. Attach additional	pages if needed.)	
Any person desiring to report miscond to the employee's immediate supervise				
Sometimes issues can be resolved at t	•	•	•	
concerns. The supervisor will assist yo answered to your satisfaction. Your co	·			
The Chief of Police will review your co	mplaint and order an investigat	tion into your compla	int. An investigator will	
be assigned to fully investigate your co	· =	· · · · · · · · · · · · · · · · · · ·		
you. The investigator will gather all fac of misconduct is examined on its own		report for the Chief	of Police. Each allegation	
The Chief of Police will review the inve	-	Within 30 days of the	a Chief's finding you will	
be notified in writing of the finding. To		· ·	= :	
for a period of five (5) years.		·		
You can bring this complaint form to t	•	e form to the chief of	police	
emasterson@townofross.org, or mail	it to the above address.			
Complainant's Signature and Date				