

El Dorado County Sheriff's Office Citizen Complaint Information And Complaint Form

The El Dorado County Sheriff's Office acknowledges its responsibility to establish a procedure to investigate citizens' complaints. A complaint may be filed in person, by writing or by telephone. However, it may be necessary that the complainant be available for personal interview. Complaint forms are also available at the public counters of all Sheriff's buildings. Completed forms may either be delivered or mailed to:

El Dorado County Sheriff's Office
Citizens' Complaints
300 Fair Lane
Placerville, ca 95667
Telephone: (530) 621-5655

Personnel complaints are defined as any allegation of misconduct or improper job performance against any department employee. Personnel Complaints are classified as:

- **Informal** – a matter in which the complaining party is satisfied that appropriate action has been or will be taken by a department supervisor of rank greater than the accused employee.
- **Formal** – a matter in which the complaining party requests further investigation or which a department supervisor determines that further action is warranted.
- **Incomplete** – A matter in which the complaining party either refuses to cooperate or becomes unavailable after diligent follow-up investigation. Such complaints may still be investigated by a department supervisor of rank greater than the accused employee or referred to Internal Affairs depending on the seriousness and complexity of the investigation.

It may be necessary for you to present your stated complaint in person before a Hearing Board in the event this complaint results in any disciplinary proceedings against the employee.

All investigations will be thorough, objective, and focused on maintaining public confidence and departmental integrity. The goal of every investigation will be to identify and evaluate all the facts surrounding the incident in question.

Investigations by the Sheriff's Office concerning the conduct of its employees, and the District Attorney's independent decision to prosecute a criminal case are two entirely separate matters. If a person arrested by Sheriff's Deputies files a citizen's complaint against those deputies, such action will in no manner affect the prosecutor's decision to proceed with a criminal filing.

In all cases, after completion of the investigation, the complainant will be notified in writing of the findings to the extent allowed by law.

When completing the attached Personnel Complaint Form, please:

Fill in the information blanks providing as much information as known, including any witnesses, and return it to the Sheriff's Office. Please write, type, or print clearly so that all of the information provided will be understood.

Complete a detailed statement outlining the allegation(s), facts, and circumstances surrounding the incident. It is important that exact statements, actions, or circumstances are described in detail when possible.

The following advisement is required by state law:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE THE 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. NEVERTHELESS, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER ACTED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATED TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I have read and understand the above statement:

Signature of Complainant: _____ Date: _____

**EL DORADO COUNTY SHERIFF'S DEPARTMENT
PERSONNEL COMPLAINT FORM**

TODAY'S DATE: _____

DATE OF INCIDENT: _____

RECEIVED TIME: _____

TIME OF INCIDENT: _____

CASE NUMBER (IF KNOWN): _____

RECEIVED BY: _____

#1 COMPLAINANT NAME: _____

#2 COMPLAINANT NAME: _____

(Printed) _____

(Printed) _____

(Signed) _____

(Signed) _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

RES. PHONE: _____

RES. PHONE: _____

BUS. PHONE: _____

BUS. PHONE: _____

LOCATION OF OCCURRENCE:

OFFICERS INVOLVED:

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

STATEMENT OF ALLEGATION OR COMPLAINT: