

University Police Department

California State Polytechnic University, Pomona

Citizen Complaint Process & Form



A Message from the Chief of Police:

It is part of the mission of the California Polytechnic State University, Pomona Police Department to provide service fairly, with integrity, respect, and in a manner that meets or exceeds the standards of our profession. We welcome all comments from our community on the effectiveness of our services and the manner in which we deliver those services. We value your feedback and encourage members of our community to take the time to compliment our officers and staff when they are particularly pleased with our service as well as notify us when those services are anything less than completely professional and helpful in nature. For minor complaints, we encourage you to speak directly with an employee's immediate supervisor. For more serious complaints, or when for any reason you would prefer to write the complaint or have it documented, this "Citizen Complaint Form" may be utilized. You may print and mail or fax it to our Department or deliver it to any supervisory officer on duty. Submissions may also be anonymous.

The Department is committed to a fair, impartial review of all complaints regarding our procedures or the conduct of our employees. California Penal Code section 832.5 sets forth that all California law enforcement agencies shall develop a procedure to investigate complaints made by a member of the public against a peace officer. All complaints will be taken seriously and investigated thoroughly. Corrective action will be taken when warranted. State personnel law requires that the actual discipline remain confidential. Normally, all citizen complaint investigations are completed within thirty (30) days of the receipt of the complaint. Complainants will be notified in any situation that requires investigation beyond a period of thirty days.

Employee misconduct by police department employees is defined as: the commission of a crime, the neglect of duty, a violation of the Department rules and regulations, operating policies and procedures and/or conduct which may tend to reflect unfavorably upon the employee or the Department.

If you wish to file a written complaint, please complete the form. You may add additional sheets of paper if you wish. If you file this complaint in person, you may simply ask for the supervisor on duty. If you wish to mail the complaint or fax it, contact:

California Polytechnic State University, Pomona Police Department
Attn: Dario Robinson, Chief of Police & Director of Public Safety
3801 W. Temple Avenue, Building 109
Pomona, CA. 91768
Business Line: 909-869-3062/Fax: 909 869-5069



CAL POLY POMONA POLICE DEPARTMENT

CIVILIAN COMPLAINT

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CIVILIANS' COMPLAINTS. YOU HAVE A 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; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CIVILIAN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. _____
COMPLAINANT SIGNATURE AND DATE

REPORTING PERSON

NAME (LAST, FIRST, MIDDLE)	PHONE NO.	DOB
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		
BUSINESS ADDRESS (CITY, STATE, ZIP CODE)		

PERSONS INVOLVED (IF OTHER THAN ABOVE)

NAME (LAST, FIRST, MIDDLE)	DOB
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)	
BUSINESS ADDRESS (CITY, STATE, ZIP CODE)	

DAY AND DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
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WITNESSES

NAME	ADDRESS	PHONE NO.

IF WITNESSES ARE NOT KNOWN, GIVE THEIR DESCRIPTION

NAME OR DESCRIPTION OF EMPLOYEE(S) INVOLVED

NAME	BADGE OR ID NO.	PHYSICAL DESCRIPTION

PERSON(S) ARRESTED

NAME	ADDRESS	PHONE NO.

RACIAL OR IDENTITY PROFILING PC 13519.4(e)

Do you believe you were stopped, arrested, searched, or detained by law enforcement based, at least in part, on your race or ethnicity (including color), nationality/national origin, gender, age, religion, gender expression, sexual orientation, mental disability, or physical disability? Yes No

If yes, what specific type of racial or identity profiling do you allege? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Race or Ethnicity (Including Color) | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Nationality/National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Physical Disability |



CAL POLY POMONA POLICE DEPARTMENT CIVILIAN COMPLAINT

SUMMARY OF COMPLAINT

[Large empty rectangular area for writing the summary of the complaint]

SIGNATURE OF REPORTING PERSON		SIGNATURE OF PARENT OR GUARDIAN (IF COMPLAINANT IS UNDER 18)	
DATE RECEIVED	PERSON RECEIVING COMPLAINT	EMPLOYEE ID NO.	BUSINESS TELEPHONE NO.