



County of Sacramento
 Municipal Services Agency
 Department of Regional Parks
 Park Ranger Section
 4040 Bradshaw Road
 Sacramento, CA 95827

			For Official Use Only		
Reporting Person (Last, First, Middle Name)		Date of Birth	Age	File Number	
Residence Address (Address and ZIP Code)		Telephone		Crime Report Number	
Business or School		Telephone		Date/Time of Complaint	
Victim of Alleged Incident					
Name (Last, First, Middle Name)		Same as Reporting Person <input type="checkbox"/>	Date of Birth	Age	Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address and ZIP Code		Telephone		Attorney or Representative	
Business or School		Telephone		Telephone Number	
Name of Employee (if known)					
Name	Division	Rank	Badge	Car No.	Description
Witnesses					
Name	Address			Telephone	
Person(s) Arrested					
Name	Address			Telephone	

Details of complaint or criticism: It is important to include as many factual details as possible so the incident may be fully investigated. Please use reverse side of this form, if necessary.

Time and Date of Incident	Location of Incident
<div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> continued on back</div>	

I certify these statements to be true and accurate to the best of my knowledge and belief:

Signature of Reporting Person		Signature of Parent/Guardian (if under 18 years old)	
Signature of Person Receiving Complaint	Badge No.	Division	Telephone
		Identification photographs taken of injuries or damage <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Internal Investigation Use Only			
Assigned Investigator		Classification	
Date Assigned	Date Completed	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Disposition
			1 <input type="checkbox"/> Sustained 2 <input type="checkbox"/> Exonerated
			3 <input type="checkbox"/> Unsubstantiated 4 <input type="checkbox"/> Unfounded

Distribution:

Original to Internal Investigations

Copy to Complainant

File Number

Date of Complaint

Reporting Person (Name)

Large empty rectangular box for reporting details.

If necessary, please use additional pages

Observations of personnel receiving the complaint

Stack of horizontal lines for recording observations.

Signature of person receiving complaint



Badge No.

Division

Telephone

Page

of

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