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 ☐	Date of Birth	Age	Arrested ☐ Yes ☐ 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

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 ☐ Yes ☐ No

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Assigned Investigator		Classification	Disposition
Date Assigned	Date Completed	A ☐ B ☐ C ☐	1 ☐ Sustained 2 ☐ Exonerated 3 ☐ Unsustained 4 ☐ Unfounded

Distribution: Original to Internal Investigations Copy to Complainant

File Number
Date of Complaint

Reporting Person (Name)

If necessary, please use additional page

Observations of personnel receiving the complaint

Signature of person receiving complaint	Badge No.	Division	Telephone	Page of
➢				

Distribution: Original to Internal Investigations Copy to Complainant