



City of Imperial Police Department

• Miguel Colón, Jr.
Chief of Police

424 SOUTH IMPERIAL AVENUE, IMPERIAL, CA 92251 PHONE (760) 355-4327 FAX (760) 355-7969

CITIZEN'S COMPLAINT

REPORTING PERSON		
NAME (LAST, FIRST, MIDDLE)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
HOME PHONE	BUSINESS PHONE	AGE

VICTIM OF MISCONDUCT (IF OTHER THAN ABOVE)		
NAME (LAST, FIRST, MIDDLE)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
HOME PHONE	BUSINESS PHONE	AGE

DEPARTMENT MEMBER(S) COMPLAINED OF		
NAME OF OFFICER / EMPLOYEE	BADGE NO.	DESCRIPTION

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

PERSON ARRESTED
NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
TELEPHONE

WAS ANY PARTY TO THE COMPLAINT, OR WITNESS, DETAINED OR INTERVIEWED BY THE POLICE? IF SO, WHOM?

WITNESSES TO THE ALLEGED INCIDENT, INCLUDING DEPARTMENT MEMBERS
NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
TELEPHONE

I UNDERSTAND, AND IT IS MY DESIRE, THAT THIS COMPLAINT WILL BE INVESTIGATED DILIGENTLY. I FUTURE UNDERSTAND THAT IF THE INVESTIGATION PROVES THESE ALLEGATIONS TO BE FALSE, I MAY BE LIABLE TO BOTH CRIMINAL AND CIVIL PROSECUTION. I ALSO UNDERSTAND THAT IN SOME CASES I MAY BE ASKED TO SUBMIT TO A POLYGRAPH EXAMINATION AS A PART OF THIS INVESTIGATION.

SIGNATURE OF PERSON REPORTING	DATE
SIGNATURE OF PARENT (IF UNDER 18)	

MAY BE CONTACTED AT PLACE OF BUSINESS	YES	NO
TELEPHONE NUMBER		

SIGNATURE OF PERSON RECEIVING REPORT	DATE

DUPLICATE COPY TO BE GIVEN TO COMPLAINANT.