

## COMMUNITY ORIENTED POLICING

The safety and security of the UCSD campus is a joint effort. Community members and the police department work **together** to build a safe and peaceful campus community where the educational, research and community service goals of the University can be achieved. In order to better understand and act upon the concerns of the members of the community, this complaint form has been created to encourage an exchange of valuable information. If you believe an employee of the police department has done something wrong, we want to know about it. Conversely, if we are doing something you like and appreciate, we would like to hear about that as well.

## POLICY

It is the policy of the UCSD Police Department that its employees legally and properly discharge their duties keeping in mind the mission of the University. In order to properly address employee misconduct and avert future occurrences, we ask that any perceived misconduct be reported immediately. To the same degree, the administration of the police department would like to hear about situations where our employees provide exemplary service, that which is above and beyond the call of duty.

## INSTRUCTIONS

Please complete this form as indicated, with as much detailed information as possible. If additional space is required, feel free to attach supplemental sheets as necessary. This form may be mailed to the UCSD Police Department, Internal Affairs Division, 9500 Gilman Drive, #0017 La Jolla, CA 92093 or delivered to the front counter of the UCSD Police Department.

## PROCESSING

Information received through this complaint form will be acted upon promptly. All investigations will be conducted in accordance to applicable law and University policy. Within 30 days of determined complaint disposition, the complainant shall be informed as to the disposition of the complaint investigation.

# UNIVERSITY OF CALIFORNIA POLICE DEPARTMENT SAN DIEGO



## PUBLIC COMPLAINT FORM

**COMPLAINT FORM**  
**UCSD Police Department**

INCIDENT:					
DATE:		TIME:		LOCATION:	
Complainant Information:					
NAME:		Email:			
ADDRESS:		Phone:			
Summary of Incident:		INCLUDE NAMES OF WITNESSES – ADDRESS, TELEPHONE#, NAMES OF INVOLVED OFFICERS (IF KNOWN) AND ALL PERTINENT INFORMATION.			
<p>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 PUBLIC COMPLAINTS. YOU HAVE THE RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER AN 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. PUBLIC COMPLAINTS AND ANY REPORT'S OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.</p>					
I HAVE READ AND I UNDERSTAND THE ABOVE STATEMENT AND I CERTIFY THAT THE ABOVE REPORTED INFORMATION IS TRUE AND CORRECT.					
COMPLAINANT SIGNATURE:		_____			
<input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> FACULTY <input type="checkbox"/> OTHER					
RECEIVING OFFICER:		DATE:		TIME:	
REFERRED TO:		CASE#:		CF#:	
UCPD San Diego	<a href="http://police.ucsd.edu">http://police.ucsd.edu</a>			(858) 534-4357	