

## SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE CITIZEN'S COMPLAINT FORM

Reporting Person (Last, First, Middle Name)	Date of Birth	Age
Residence Address and Zip Code	Telephone	
Business or School	Telephone	Date/Time of Complaint

### VICTIM OF ALLEGED INCIDENT

Name (Last, First, Middle Name) <div style="text-align: right;">Same as Above <input type="checkbox"/></div>	Date of Birth	Age Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address and Zip Code	Telephone	Attorney Representative
Business or School	Telephone	Attorney Telephone

### NAME OF EMPLOYEE (IF KNOWN)

Name	Division	Rank	Badge	Car #	Description

### WITNESSES

Name	Address	Telephone

### PERSON(S) ARRESTED

Name	Address	Telephone

Detail of complaint or criticism. It is important to include as many factual details as possible so the incident may be fully investigated.

Time and Date of Incident	Location of Incident
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**I hereby certify that the above facts are true and correct.**

Signature of Reporting Person	Signature of Parent/Guardian (if under 18 years old)		
Signature of Person Receiving Complaint	Badge #	Division	Telephone
			Photos taken of Injuries or Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

Distribution: Original to Internal Affairs, Copy to Complainant, Copy to District Attorney

### FOR INTERNAL AFFAIRS USE FILE ONLY

Assigned Investigator	Date Assigned	Date Completed
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### RACIAL OR IDENTITY PROFILING

**Does this Citizen Complaint involve Racial or Identity Profiling:**  Yes  No

If "Yes" which of the following best describes the type of Racial or Identity Profiling? Check all that apply.

- Race  Color  Ethnicity  National Origin  Age  Religion  Gender Identity  Sexual Orientation  Mental or Physical Disability

Please print the completed application and drop off at the address below:

SHASTA COUNTY DISTRICT ATTORNEY  
1355 WEST STREET  
REDDING, CA 96001

Or email:

\* if this button does not work for you, please save the form, attach it and send to  
[shastada@co.shasta.ca.us](mailto:shastada@co.shasta.ca.us)