



John Zaroni
Sheriff

CITIZEN COMPLAINT PROCEDURE

HOW TO SUBMIT A COMPLAINT

A complaint of misconduct by Sheriff's Office personnel must be made by submitting the Fresno County Sheriff's Office Citizen Complaint Form. You may send the form to the Internal Affairs Unit at the Fresno County Law Enforcement Administration Building, 2200 Fresno Street, CA 93721. If you need assistance completing a complaint form, you may call the Internal Affairs Unit at (559) 600-8031 between 8:00 a.m. and 4:00 p.m. on weekdays (Exception of County Holidays). During non-business hours, you may contact the Watch Commander at the same location by calling (559) 600-1650.

The following information will assist in processing your complaint:

1. Your name, address and telephone number.
2. The location, date and time of the alleged incident.
3. The name, address and telephone number (if available) of all witnesses to the alleged incident.
4. The names or other identification of Sheriff's Office personnel involved.
5. All details of the alleged incident which prompts your complaint.
6. Your signature in the allotted space on both sides of the complaint form.

INVESTIGATIVE PROCEDURE

Your complaint will be investigated, and you will be advised of the disposition when the investigation has been completed. After completion, all investigative reports are maintained according to the retention schedules established by law.

CONCLUSION

Your information regarding misconduct helps protect the community from possible misconduct by Sheriff's Office personnel. Thorough and impartial investigative procedures help protect Sheriff's Office personnel from unwarranted charges while performing their duties properly.

**FRESNO COUNTY SHERIFF'S OFFICE
JOHN ZANONI, SHERIFF
CITIZEN COMPLAINT FORM**

For Official Use Only

Reporting Person (Last, First, Middle Name)	Date of Birth	Age	I.A. File #
Residence Address (Address and Zip Code)	Telephone	C/R #	
Business or School	Telephone	Date/Time of Complaint	

VICTIM OF ALLEGED INCIDENT

Name (Last, First, Middle Name)	Date of Birth	Arrested () Yes () No
Residence Address and Zip Code	Telephone	Attorney or Representative
Business or School	Telephone	Telephone

NAME OF EMPLOYEE (If known)

Name	Division	Rank	Badge #	Car #	Description

WITNESS

Name	Address	Telephone
Date & Time of Incident	Location of Incident	

Details of complaint. It is important to include as many factual details as possible so that the incident may be fully investigated. Place complaint on reverse side of form. If necessary, please use additional pages. Also read and sign admonishment on reverse side of form.

Signature of Reporting Person	Signature of Parent/Guardian (if under age 18)
Signature of Officer Receiving Complaint	Date

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. Circle those that apply.
Race / Color / Ethnicity / National Origin / Age / Religion / Gender Identity / Sexual Orientation / Mental or Physical Disability

