



Police Commission for the City and County of San Francisco
OFFICE OF CITIZEN COMPLAINTS



~CITIZEN COMPLAINT FORM~

INSTRUCTIONS FOR COMPLETION OF THE CITIZEN COMPLAINT FORM:

Please answer questions in blocks 2, 3, 4, 5, 8, 11, 15, 17, 20, 21 & 22. Leave all other blocks blank unless you know the information requested. Please **print** all information in **English**. If you do not have a telephone number, enter a message number or the number of a neighbor, friend or relative in block 4. If witnesses are available, write their names, addresses and telephone numbers on a separate sheet of paper and attach it to your complaint. Do not write them on the complaint form. If you do not know the officers name or badge number, include a complete physical description in the narrative (22). **Print** your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint against each officer. Include who, what, where, when and why. If you need additional space, use separate sheets of paper and attach them to the complaint. **YOUR STATEMENT MUST BE A TRUE AND ACCURATE ACCOUNT OF THE INCIDENT** to the best of your knowledge and belief, and must be signed by you in block 22. If you have questions or need help, please call the OCC at (415) 241-7711, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. You may also contact your local neighborhood center for help. Interpreters can be provided at no charge.

填寫公民投訴書說明：

請回答第 2, 3, 4, 5, 8, 11, 15, 17, 20, 21 及 22 項問題。除非您知道我們所要求的資料，否則請將其他各項留空。所有資料，務請以正楷填寫清楚。如果您沒有電話號碼，請在第 4 項填上有可能聯絡您的電話號碼，或鄰居、親戚、朋友的號碼。如果有證人，請用另一張紙寫上他們的姓名，地址及電話，和投訴書夾在一起；切勿寫在投訴書上。如果你不知道涉及事件的警務人員姓名或編號，請將該員的身體特徵，以正楷詳盡寫在第 22 項上。請清楚說明事件的過程，及投訴的類別，包括涉及何人、何事、何處、何時及何由。如您認為投訴書不夠您填寫，可以另紙填寫資料，夾在投訴書上。您應根據您所知道及所相信的事實填寫資料，**必須真實及正確**；填妥請在第 22 頁簽名。如有疑問或需要幫助，請在上午八時至下午五時，致電 415-241-7711，「公民投訴組」，或在下午五時後，在該組的電話錄音機上留言。您亦可以與有免費翻譯員服務的「華埠建民中心」求助，電話 415-391-5099。

INSTRUCCIONES PARA LLENAR EL FORMULARIO DE QUEJAS DE LOS CIUDADANOS: Por favor conteste las preguntas de las casillas 2, 3, 4, 5, 8, 11, 15, 17, 20, 21 & 22. Deje sin contestar las demas preguntas a menos que sepa la información solicitada. El formulario debe ser contestado en **Ingles**. Si usted no tiene telefono escriba en la casilla 4 el número de un servicio de mensajes, o el de un vecino, amigo o pariente. Escriba en una hoja separada los nombres, direcciones y telefonos de los testigos (si los hay), y adjunte ésta información al formulario. En caso de que no conozca el nombre o número de insignia de los oficiales, incluya una descripción fisica completa (22). Describa los hechos en forma completa, sea especifico. Incluya quien, que, donde, cuando y porque. Su declaración debe ser un recuento exacto y verdadero del incidente y debe estar firmada por usted (22). Para pedir información o solicitar ayuda visite nuestras oficinas locales o llamenos al numero (415) 241-7711, de 8:00 AM - 5:00 PM. El servicio de interpretacion es gratis. Formularios tambien pueden ser obtenidos en La Raza Information Center-- (415) 863-0764.

PARAAN NG PAGSAGOT SA PORMANG ITO (CITIZEN COMPLAINT o REKLAMO NG MAMAMAYAN)
Mangyaring sagutin ang mga tanong sa blokeng 2, 3, 4, 5, 8, 11, 15, 17, 20, 21, at 22. Kung wala kayo ng impormasyon hinihingi dito, paki-iwanan blanko ang blokeng hindi masagot. **Paki-imbag ang lahat na sagot ninyo.** Kung wala kayong telepono, paki-sulat lang ang inyong "message number", o ang numero ng inyong kapit-bahay, kaibigan, o kamaganak. Kung mayroon kayong mga saksi o testigo, isulat sa ibang papel ang kanilang mga pangalan, mga tirahan, at mga telepono at ikabit ito sa reklamo ninyo. Huwag gagamitin ang pormang ito. Kung hindi ninyo alam ang pangalan ng pulis o ang numero ng kanyang tsapa, isama sa inyong salaysay ang hitsura at pagmumukha ng pulis. Iimbag ang inyong salaysay. Liwanagin lahat ang nangyari magmula sa umpisa hanggang sa katapusan. Tiyakin o siguraduhin ang inyong sinusumbong o renireklamo. Sabihin o ilarawan kung sino, ano, saan, kailan at bakit sa pangyayari. Kung kulang ang pagsusulatan dito gumamit ng ibang papel at ikabit ito sa sumbong ninyo. Sa inyong kaalaman at paniniwala, ang inilahad ninyong nangyari ay dapat lubos na katotohanan at walang kamali-mali at kailangan ninyong pirmahan ang sumbong ito sa blokeng bilang 22. Itanong sa amin kung alinman dito ang hindi maliwanag sa inyo. Kung kailangan ninyo ng tulong, paki-tawagan kami, OCC, telepono (415) 241-7711. Maaring tawagan din ninyo ang Philippines American Consul sa telepono (415) 626-0773 sa pagitan ng alas--otso ng umaga at alas--singko ng hapon o mag-iwan ng pahatid o "message" sa aming "answering service" paglampas dng alas--singko ng hapon.

NARRATIVE OF INCIDENT: _____

(State law passed in 1995 mandates that the following statement be provided to, read and signed by persons filing complaints. The OCC encourages the filing of a complaint by anyone who believes he or she is a victim or a witness of improper police conduct or policies.)

ACKNOWLEDGEMENT OF COMPLAINANT (148.6 P.C.)

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 CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER 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. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED FOR AT LEAST FIVE YEARS. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

- I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT. THE ACKNOWLEDGMENT HAS BEEN READ TO THE COMPLAINANT.

Complainant Signature/Date:	Taken By (Name/#/Unit)/Date:
Assigned Investigator/Date:	Closure Approval/Date:

After you have completed this form, return it to the Office of Citizen Complaints by folding it along the lines below so that the address shows on the outside. Drop in any mailbox. NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES.

在您填妥本投訴書後，請沿摺線摺妥（地址在外），投入郵箱，寄回「公民投訴組」。在美國境內寄出，不需郵費。

Despues de completar la forma, doblela sobre las lineas marcadas y depositela en el buzón. No necesita estampilla (sello postal).

Matapos buuin ang pormang ito, tiklupin sa mga linyang nakatatak sa baba upang makita sa labas ang aming "address". Ihulog sa anumang buson o "mailbox". Hindi kailangan ng selyo kung ipadadala lang sa loob ng America.

OFFICES LOCATED AT:
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 22978 SAN FRANCISCO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

City and County of San Francisco
OFFICE OF CITIZEN COMPLAINTS
875 Stevenson Street, Room 125
San Francisco, CA 94103-0917

