



## **CITY OF FOUNTAIN VALLEY | POLICE DEPARTMENT**

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### **CIVILIAN COMPLAINT FORM**

The Fountain Valley Police Department is constantly striving to provide the highest quality of service to our community. We sincerely regret any disappointment you may have in the manner in which our service was rendered. Please complete this form as completely as possible, as it will assist us in the investigation of your complaint.

We have provided you with a pamphlet titled, "What About My Complaint?" which was designed to answer any questions you may have about the complaint process. California Penal Code Section 148.6 requires a complainant alleging misconduct against a peace officer to sign an advisory regarding the filing of a complaint. We will provide you with this advisory to sign and, if you prefer, may be provided in the language of your choice.

<b>Today's Date</b>		
<b>Your Name</b>		
<b>Your Home Address</b>		
<b>Your Home Telephone Number</b>		
<b>Alternative Telephone Number</b>		
<b>Date of Occurrence</b>		
<b>Location of Occurrence</b>		
<b>Do you think the Officers discriminated against you?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, check all that apply:</b>		
<b>Race/Ethnicity</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Nationality</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Gender</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Age</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Religion</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Gender/Identity Expression</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Sexual Orientation</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Mental Disability</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Physical Disability</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## CIRCUMSTANCES SURROUNDING COMPLAINT

[illegible]