

**BAKERSFIELD POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM**

Reported By _____

Residence Address _____ Phone # _____

Business Address _____ Phone # _____

Time and Date of Occurrence _____ Location of Occurrence _____

Employee(s)
Involved: _____

Type of Complaint: _____

Witness #1: _____ Address: _____ Phone: _____

Witness #2: _____ Address: _____ Phone: _____

Does the complaint involve the allegation of racial or identity profiling? Yes No If so, what type? _____

Brief Description of Circumstances: _____

(Attach Additional Pages if Necessary)

Signature of Complainant: _____ Date: _____

Complaint Received By: _____ Date: _____

OFFICE USE ONLY

Investigator Assigned: _____

Findings of Investigation: Unfounded Exonerated Not Sustained Sustained
 Personnel Notified Complainant Notified

White - Original/Investigator Yellow - Division Pink - Citizen