CASE NUMBER _____

BAKERSFIELD POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM

Reported By _____

Residence Address _____ Phone # _____

Business Address _____ Phone # _____

Time and Date of Occurance _____ Location of Occurance _____

Employee(s) Involved: _____

Type of Complaint: _____

Witness #1: _____ Address: _____ Phone: _____

Witness #2: _____ Address: _____ Phone: _____

Brief Description of Circumstances: _____

(Attach Additional Pages If Necessary)

Signature of Complainant: _____ Date: _____

Complaint Received by: _____ Date: _____ Time: _____

OFFICE USE ONLY

Investigation Assigned to: _____

Findings of Investigation: ☐ Unfounded ☐ Exonerated ☐ Not Sustained ☐ Sustained

☐ Personnel Notified ☐ Complainant Notified

White - Original/Investigator Yellow - Division Pink - Citizen

PD642915-(Rev 4/00)