Yuba County Sheriff's Office
Wendell Anderson, Sheriff-Coroner

Administration
Operations
Support Services
720 Yuba Street
Marysville, CA 95901
Ph: 530-749-7777
Fax: 530-741-6445

Jail Division
215 5th Street
Marysville, CA 95901
Ph: 530-749-7740
Fax: 530-741-6271

Animal Care Services
5245 Feather River Blvd.
Olivehurst, CA 95961
Ph: 530-741-6478
Fax: 530-741-6301

POLICY FOR COMPLAINTS BY MEMBERS OF THE PUBLIC

A relationship of trust and confidence between members of the Yuba County Sheriff's Department and the community they serve is essential to effective law enforcement. Law enforcement officers must be free to exercise their best judgment and to initiate enforcement action in a responsible, lawful and impartial manner without fear of reprisal. Enforcers of the law have a special obligation to respect the rights of all persons.

The Yuba County Sheriff's Department acknowledges its responsibility to establish a complaint system and a disciplinary procedure which not only will subject the officer to corrective action when he or she conducts himself or herself improperly, but also will protect him or her from unwarranted criticism when he or she discharge their duties properly. It is the purpose of these procedures to provide a prompt, just and open disposition of complaints regarding the conduct of members and employees of this Department.

It is the policy of the County of Yuba and the Yuba County Sheriff's Department to encourage the public to bring to the attention of the Sheriff's Department, complaints about the conduct of its members whenever a person believes a law enforcement act is improper. Complaints will be received courteously by all on-duty employees of the Sheriff's Department.

The Sheriff's Department will make every effort to insure that no adverse consequences occur to any person or witness as a result of having brought a complaint or having provided information in any investigation of a complaint. Any departmental employee who subjects a complainant or witness to recrimination shall incur appropriate disciplinary action.

Sincerely,

Wendell Anderson
Sheriff-Coroner

Yuba County Sheriff's Department
720 Yuba Street
Marysville, CA 95901
530-749-7777

COMPLAINT BY MEMBERS OF THE PUBLIC

Important: So that we may thoroughly investigate your claim it is important that you complete this form in its entirety.

1. REPORTING PERSON:

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State, Zip)

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____
(Street) (City, State, Zip)

Date of Incident: _____ Date Complaint Filed: _____

2. VICTIM OF MISCONDUCT: (If Other Than Above)

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State, Zip)

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____
(Street) (City, State, Zip)

Date of Incident: _____ Date Complaint Filed: _____

3. WITNESS(es):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

4. **NAME OF OFFICER / EMPLOYEE:**

Name: _____ Description: _____

Name: _____ Description: _____

Name: _____ Description: _____

5. **COMPLAINTANT'S ATTORNEY OR REPRESENTATIVE:**

Name: _____ Address: _____ Phone: _____

6. **Please provide a brief summary of the reasons for your complaint:**

_____

_____

_____

_____

_____

_____

_____

_____

7. **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 CITIZEN'S 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 OR EMPLOYEE BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

I have read and understand the above statement.

_____ _____ _____

Signature of Complainant **Date**

8. **TO BE COMPLETED BY PERSON RECEIVING COMPLAINT:**

☐ Received in Person ☐ Received by Telephone ☐ Received Anonymously

_____ _____ _____

Signature of Person Receiving Complainant **Identification Number** **Date**