

**FRESNO COUNTY DISTRICT ATTORNEY'S OFFICE  
COMPLAINTS BY MEMBERS OF THE PUBLIC**

FOR OFFICIAL USE ONLY

Reporting Person (Last, First, Middle Name)	Date of Birth	Age	Date of Birth
Residence Address (Address and Zip Code)	Telephone	C/R#	
Business or School	Telephone	Date/Time of Complaint	

**VICTIM OF ALLEGED INCIDENT**

Name (Last, First, Middle Name)  Same <input type="checkbox"/>	Date of Birth	Age	Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address and Zip Code	Telephone	Attorney Representative	
Business or School	Telephone	Telephone No.	

**NAME OF EMPLOYEE (IF KNOWN)**

Name	Division	Rank	Badge	Car No.	Description

**WITNESSES**

Name	Address	Telephone

**PERSON(S) ARRESTED**

Name	Address	Telephone

Detail of complaint or criticism. It is important to include as many factual details as possible so the incident may be fully investigated.

Time and Date of Incident	Location of Incident
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**I hereby certify that the above facts are true and correct.**

Signature of Reporting Person	Signature of Parent/Guardian (if under 18 years old)			
Signature of Person Receiving Complaint	Badge No.	Division	Telephone	I.D. Photos take of Injuries or Damage <input type="checkbox"/> Yes <input type="checkbox"/> No

Distribution: Original to Internal Affairs, Copy to Complainant, Copy to District Attorney, Copy to Chief of Inspection

**FOR INTERNAL AFFAIRS USE FILE ONLY**

Assigned Investigator	Date Assigned	Date Completed
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**RACIAL OR IDENTITY PROFILING**

**Does this Citizen Complaint involve Racial or Identity Profiling:**  Yes  No

If "Yes" which of the following best describes the type of Racial or Identity Profiling. Check all that apply.

- Race  Color  Ethnicity  National Origin  Age  Religion  Gender Identity  Sexual Orientation  Mental or Physical Disability

