

**FRESNO POLICE DEPARTMENT**

**INFORMATION ADVISORY  
FOR PERSONNEL COMPLAINTS**

**Please read and sign the following admonishment.**

**You have the right to make a complaint against a Department member for any improper conduct. California law requires this agency to have a procedure to investigate citizen complaints. You have the right to a written description of this procedure. This agency may find that after the 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 a Department member behaved improperly. Citizen complaints and any reports or findings relating to complaints must be retained by this agency for at least five years.**

**In the event the complaint results in disciplinary proceedings against the officer(s) or employee(s) named, you may be asked to appear before the Civil Service Board of the City of Fresno or any other examining authority.**

**I declare under penalty of perjury that the statement I have given is true and correct.**

**I have read and understand the above statement**

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COMPLAINANT'S SIGNATURE

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DATE

Revised 7/2020

**FRESNO POLICE DEPARTMENT COMPLAINT FORM**

**1.**

Name of Complainant: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Alternate Address: \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Inmate? Yes \_\_\_\_\_ No \_\_\_\_\_ Jail/Prison Name: \_\_\_\_\_

Jail/Prison Address: \_\_\_\_\_

JID/Booking # etc: \_\_\_\_\_

\*\*\*\*\*  
If you move or change contact numbers, please advise the Fresno Police Department, Duty Office at 621-2375. Failure to provide current information may result in lack of contact and closing of complaint.  
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**2.**

Location of Incident: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m / p.m.

Describe any injuries suffered: \_\_\_\_\_

Were injury photos taken? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Where were the injuries treated? \_\_\_\_\_

Who treated the injuries? \_\_\_\_\_

Were you Arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Criminal Charges Pending? Yes \_\_\_\_\_ No \_\_\_\_\_

Fresno Police Department Report #/Citation #: \_\_\_\_\_

3.

FRESNO POLICE DEPARTMENT OFFICER/MEMBER INFORMATION

Badge #	Fresno PD Member Name	Sex	Race	Vehicle #	COMMENTS

4.

Please describe the incident **in detail**: \_\_\_\_\_

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**Please attach additional pages as needed.**

**5.**

Please indicate if you have filed this complaint with another City of Fresno department or an outside agency regarding this incident. If so, please note the date and person contacted.

Fresno Police Department: \_\_\_\_\_

Fresno City Mayor's Office: \_\_\_\_\_

Fresno City Manager's Office: \_\_\_\_\_

Fresno City Council Member: \_\_\_\_\_

Fresno City Office of Independent Review: \_\_\_\_\_

Other Agency: \_\_\_\_\_

***Please note this complaint form is only for incidents involving member(s) of the Fresno Police Department.***

**Completed Complaint Forms shall be mailed to:**

**Duty Office - CCF  
Fresno Police Department  
P. O. Box 1271  
Fresno, CA 93715-1271**

English Revised 7/2020

## RACIAL PROFILING COMPLAINT REPORTING

If your complaint is based on discrimination related to any of the below categories, please list all that apply with the number of persons affected.

REQUIRED REPORTING	# Of Persons Affected
<b>RACE OR ETHNICITY</b>	
<b>NATIONALITY</b>	
<b>GENDER</b>	
<b>AGE</b>	
<b>RELIGION</b>	
<b>GENDER IDENTITY OR EXPRESSION</b>	
<b>SEXUAL ORIENTATION</b>	
<b>MENTAL DISABILITY</b>	
<b>PHYSICAL DISABILITY</b>	

### Complaint type definitions:

Race or ethnicity bias is defined as a preformed negative opinion or attitude toward a group of persons, such as Asians, Blacks, or Whites, based on physical characteristics or toward a group of persons of the same race who share common or similar traits in language, custom, and tradition.

- a. Nationality bias is defined as preformed negative opinion or attitude toward a group of persons based on their national origin.
- b. Gender bias is defined as a preformed negative opinion or attitude toward a group of persons based on their gender.
- c. Age bias is defined as a preformed negative opinion or attitude toward a group of persons based on their age.
- d. Religion bias is defined as a preformed negative opinion or attitude toward a group of person based on religious beliefs regarding the origin and purpose of the universe and the existence or nonexistence of a supreme being. Examples are Catholics, Jews, Protestants, or Atheists.
- e. Gender identity or expression bias is defined as a preformed negative opinion or attitude toward a group of persons based on how that group chooses to identify or express their gender preference.
- f. Sexual orientation bias is defined as a preformed negative opinion or attitude toward a group of persons based on sexual preferences and/or attractions toward and responsiveness to members of their own or opposite sexes.
- g. Mental disability bias is defined as a preformed negative opinion or attitude toward a group of persons based on mental impediments/challenges, whether such disabilities are congenital or acquired by heredity, accident, injury, advanced age, or illness.
- h. Physical disability bias is defined as a preformed negative opinion or attitude toward a group of persons based on physical impediments/challenges, whether such disabilities are congenital or acquired by heredity, accident, injury, advanced age or illness.