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**Margaret Mims**  
Sheriff

## **CITIZEN COMPLAINT PROCEDURE**

### **HOW TO SUBMIT A COMPLAINT**

A complaint of misconduct by Sheriff's Office personnel must be made by submitting the Fresno County Sheriff's Department Citizen Complaint Form. You may contact the Internal Affairs Unit at the Fresno County Law Enforcement Administration Building, 2200 Fresno Street, Ca 93721, or by calling (559) 488-3874 between 8:00 a.m. and 4:00 p.m. on weekdays (County Holidays excepted). During non-business hours, you may contact the Watch Commander at the same location by calling (559) 488-1650.

The following information is needed to process your complaint:

1. Your name, address and telephone number.
2. The location, date and time of the alleged incident.
3. The name, address and telephone number (if available) of all witnesses to the alleged incident.
4. The names or other identification of Sheriff's Department personnel involved.
5. All details of the alleged incident which prompts your complaint.
6. Your signature in the allotted space on both sides of the complaint form.

### **INVESTIGATIVE PROCEDURE**

Your complaint will be investigated and you will be advised of the disposition when the investigation has been completed. After completion, all investigative reports are maintained for a period of five years.

### **CONCLUSION**

Your information regarding misconduct helps protect the community from possible misconduct by Sheriff's Department personnel. Thorough and impartial investigative procedures help protect Sheriff's Department personnel from unwarranted charges while performing their duties properly.

**FRESNO COUNTY SHERIFF'S OFFICE**  
**MARGARET MIMS, SHERIFF**

**FRESNO COUNTY SHERIFF'S OFFICE  
MARGARET MIMS, SHERIFF  
CITIZEN COMPLAINT FORM**

For

**Official Use Only**

Reporting Person (Last, First, Middle Name)	Date of Birth	Age	I.A. File #		
Residence Address (Address and Zip Code)	Telephone	C/R #			
Business or School	Telephone	Date/Time of Complaint			
<b>VICTIM OF ALLEGED INCIDENT</b>					
Name (Last, First, Middle Name)	Date of Birth	Arrested ( ) Yes ( ) No			
Residence Address and Zip Code	Telephone	Attorney or Representative			
Business or School	Telephone	Telephone			
<b>NAME OF EMPLOYEE (If known)</b>					
Name	Division	Rank	Badge #	Car #	Description
<b>WITNESS</b>					
Name	Address			Telephone	
Date & Time of Incident	Location of Incident				



REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE (5) YEARS.

YOU SHOULD BE AWARE THAT IF YOU KNOWINGLY AND MALICIOUSLY MAKE A FALSE COMPLAINT OF MISCONDUCT AGAINST AN OFFICER, THAT THE OFFICER MAY SEEK MONEY DAMAGES FROM YOU IN A CIVIL LAWSUIT, PURSUANT TO CIVIL CODE 47.5

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

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SIGNATURE OF COMPLAINANT