

## University of the Pacific Department of Public Safety Complaint Procedure Department Citizen Complaint Form

| Name (First, Middle, Last)                                                                                                                                                            | Date of Birth | Faculty, Staff | , Student, Other |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|------------------|
| ,                                                                                                                                                                                     |               |                |                  |
| Address (Street, City, State, Zip)                                                                                                                                                    | Home Phone    | Cell Phone     |                  |
|                                                                                                                                                                                       |               |                |                  |
| Witness Name ( First, Middle, Last)                                                                                                                                                   | Date of Birth | Faculty, Staff | , Student, Other |
| Address (Street, City, State, Zip)                                                                                                                                                    | Home Phone    | Cell Phone     |                  |
| ridarese (Chest, Only, State, Elp)                                                                                                                                                    | Tierre i mene |                |                  |
| Witness Name ( First, Middle, Last)                                                                                                                                                   | Date of Birth | Faculty, Staff | , Student, Other |
|                                                                                                                                                                                       |               |                |                  |
| Address (Street, City, State, Zip)                                                                                                                                                    | Home Phone    | Cell Phone     |                  |
|                                                                                                                                                                                       |               |                |                  |
| Location of Occurrence                                                                                                                                                                | Date          | Time           |                  |
| Officer(s) Involved (Name)                                                                                                                                                            | Badge Number  | Car Number     |                  |
| Officer(s) involved (Name)                                                                                                                                                            | bauge Number  | Car Number     |                  |
| Description of events                                                                                                                                                                 |               |                |                  |
|                                                                                                                                                                                       |               |                |                  |
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| I HEARBY CERTIFY THAT THE ABOVE FACTS ARE TRUE AND CORRECT I ACKNOWLEDGE I UNDERSTAND IT IS AGAINST THE LAW TO                                                                        |               |                |                  |
| MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE AND CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.  Signature of Complainant  Signature of Parent (If Under 18 years of age) |               |                |                  |
|                                                                                                                                                                                       |               |                |                  |
| Person Receiving the Complaint                                                                                                                                                        |               | Date           | Time             |

## **Complaint Procedure**

The University of the Pacific Department of Public Safety welcomes valid complaints about the department's services and its personnel. Your constructive comments provide an open channel of communication between the Department and the campus community which enables us to maintain the highest standards possible.

This policy exists in order to ensure thorough investigation of all complaints given to the Department by members of the campus community.

If your complaint involves an officer, you'll be asked his/her name, badge number and/or car number. If you don't have this information, just explain what occurred and when it occurred (date, time, location of the event).

Valid complaints help us to protect the community from possible misconduct. At the same time, a thorough and impartial investigation procedure protects those employees who perform their duties properly.

Grant Bedford
Executive Director of Public Safety

## **Classification of Complaints**

Any complaint can be made without giving your name. Understandably, you can not be informed as to the result of your complaint if you remain anonymous. If you make your identity known, **you will be advised of the disposition of each complaint.** 

After a thorough investigation, your complaint will be classified with one of the following dispositions:

- 1. **Unfounded** -When the investigation indicates the act complained of did not occur.
- 2. **Exonerated-** When the investigation indicates the act occurred but the act was justified, lawful and proper.
- 3. **Not Sustained-** When the investigation discloses insufficient evidence to clearly prove or disprove the allegations made.
- 4. **Sustained**-When the investigation discloses that the act complained of did occur and constitutes misconduct or improper job performance.

## **HOW TO FILE A COMPLAINT**

There are several ways to file a citizen complaint:

- 1. You may file the complaint in person at the Department of Public Safety.
- 2. Mail the complaint to the Department of Public Safety at 3601 Pacific Ave. Stockton, Ca. 95211
- 3. You may file the complaint in person at the Office of Student Life.
- 4. Telephone the Director of Public Safety at 209-946-3034 or 209-946-2537
- 5. E-mail at gbedford@pacific.edu

Persons wishing to forward a complaint in writing may do so by obtaining Citizen Complaint Form and turning it in, or mailing it to the Police Department when completed. Forms are available at the Department of Public Safety or Office of Student Life or online at.