

ROCKLIN POLICE DEPARTMENT

4080 Rocklin Road, Rocklin, CA 95677 **Report by Members of the Public**

Rocklin Police Department Mission Statement:

Our employees are committed to serve, protect and promote a safe community.

On behalf of all the hard working men and women of the Rocklin Police Department, we want to thank you for taking your time in making us aware of your thoughts on our performance. The Rocklin Police Department, with the help of all its citizens, strives to maintain one of the safest communities in California. The excellent quality of life in Rocklin has drawn many new residents to our fast growing community. We endeavor to organize the people and the many resources committed to public safety to provide high quality police services. Those police services focus on maintaining the safe, family-oriented community we enjoy today.

We hope that any contact you have with members of this department will be helpful and professional. If at any time, you have a comment or concern regarding the services we provide, please do not hesitate to let us know.

With this form ("Report by Members of the Public") you can commend an employee for exceptional performance or make a complaint. All complaints are investigated thoroughly, fairly and professionally.

Would you like to:	☐ COMMEND AN EMPLO	YEE MAKE A	COMPLAINT	
PERSONNEL COMPLAINT ADMONISHMENT				
CONDUCT. CALIFORN CITIZENS' COMPLAINT THIS AGENCY MAY F WARRANT ACTION ON MAKE THAT COMPLA IMPROPERLY. CITIZE	IT TO MAKE A COMPLAINT AGAINA LAW REQUIRES THIS AGENORS. YOU HAVE THE RIGHT TO AFIND AFTER INVESTIGATION TO YOUR COMPLAINT. EVEN IF THIS AND HAVE IT INVESTIGATION COMPLAINTS AND ANY REPORT THIS AGENCY FOR AT LEAST FOR THE STATE OF THE STAT	CY TO HAVE A PROCEDUR WRITTEN DESCRIPTION OF HAT THERE IS NOT ENOUTHAT IS THE CASE, YOU HATED IF YOU BELIEVE AN ORTS OR FINDINGS RELATIN	E TO INVESTIGATE F THIS PROCEDURE. UGH EVIDENCE TO AVE THE RIGHT TO OFFICER BEHAVED	
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I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND CERTIFY THE FOREGOING STATEMENTS BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
SIGNATURE:		DATE:		
By signing, you affirm that you have read the above information and that the statements contained herein are, to the best of your knowledge, factual and accurate.				

Person Reporting:		Date of Birth:
	(Please print your name legibly)	
Address:		
City:	Zip Code:	
Telephone (home):	Telephone (work):	Telephone (cell):
Date of Incident:	Day of the Week:	Time of incident:
Location of Incident:		
Name or badge number of p	police employee(s) involved:	
1	2	
Signature		Date:

By signing, you affirm that the statements contained herein are, to the best of your knowledge, factual and accurate.