PAB Complaint Form*

Complainant Information

Last Name       First Name

Mailing address

Primary phone number     Alt. phone number

E-mail address

Age     Gender  Ethnicity

If you received any injuries as a result of this incident, please describe them here:

Incident Narrative

Date of incident       Time of incident

At which UC Davis location did the alleged violation occur?
☐ UC Davis – main campus
☐ UC Davis – Medical Center

At or near which location on either the main campus or the Medical Center did the alleged violation occur? ________________________________
Please describe the incident that forms the basis of your complaint. It is important that you include a detailed factual description of the events that gave rise to your complaint*

Allegations: Please check the allegation(s) that you think apply (allegations will ultimately be determined by PAB staff).

☐ Discourtesy (abusive or obscene language, failure to provide information, failure to respond)

☐ Improper Police Tow

☐ Improper Search (of home, person, or vehicle)

☐ Improper Seizure (of person, property, or vehicle)

☐ Improper Arrest

☐ Improper Use of Force (improper physical contact; use of baton, firearm, handcuffs, mace, pepper spray, etc.); unnecessary display of firearm

☐ Improper Citation

☐ Inadequate or Improper Investigation (Failure to investigate or make police report; false or improper police report)

☐ Improper Detention

☐ Other

☐ Improper Police Procedures (damage to, confiscation of, or failure to return property; failure to identify oneself or no badge visible, and/or making false statements)
Police Officer Information

<table>
<thead>
<tr>
<th>Badge information (if known)</th>
<th>Name of Police Officer (if known)</th>
</tr>
</thead>
</table>

Gender of police officer: _____________________

Identifying characteristics of police officer (if badge number and/or name are not known):

______________________________

Witness Information

<table>
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<tr>
<th>Witness Name</th>
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<table>
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<tr>
<th>Witness Address (if applicable)</th>
<th>Witness e-mail</th>
<th>Witness phone (if applicable)</th>
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Certification
Please check that you have read, understand, and agree to the following statement:

☐ YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER 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 AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE. *

* This complaint form is in accordance with the process set forth under Penal Code Section 832.5