

# PAB Complaint Form\*

All submitted complaints are received by the Office of Compliance and Policy

## Complainant Information

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Last Name

First Name

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Mailing address

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Primary phone number

Alt. phone number

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E-mail address

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Age

Gender

Ethnicity

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

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## Incident Narrative

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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\***

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

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| <input type="checkbox"/> Discourtesy (abusive or obscene language, failure to provide information, failure to respond)   | <input type="checkbox"/> Improper Police Tow   |
| <input type="checkbox"/> Discrimination (prejudicial treatment based on disability, gender, nationality, race or ethnicity, and/or religion)   | <input type="checkbox"/> Improper Search (of home, person, or vehicle)   |
| <input type="checkbox"/> Harassment (consistent, deliberate annoyance through repeated contacts)   | <input type="checkbox"/> Improper Seizure (of person, property, or vehicle)  |
| <input type="checkbox"/> Improper Arrest   | <input type="checkbox"/> Improper Use of Force (improper physical contact; use of baton, firearm, handcuffs, mace, pepper spray, etc.); unnecessary display of firearm |
| <input type="checkbox"/> Improper Detention  | <input type="checkbox"/> Inadequate or Improper Investigation (Failure to investigate or make police report; false or improper police report)                          |
| <input type="checkbox"/> 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) | <input type="checkbox"/> Other   |

**Police Officer Information**

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Badge information (if known)

Name of Police Officer (if known)

Gender of police officer: \_\_\_\_\_

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

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**Witness Information**

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Witness Name

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Witness Address (if applicable)

Witness e-mail

Witness phone (if applicable)

**Certification**

Please check that you have read, understand, and agree to the following statement and sign and date below:

**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. \***

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

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Signature

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Date