



# Yuba County Sheriff's Department

*Steven L. Durfor, Sheriff - Coroner*

---

215 5th Street, Suite 150, Marysville, CA 95901  
Ph: 530-749-7777 • Fax: 530-741-6445



## **POLICY FOR COMPLAINTS BY MEMBERS OF THE PUBLIC**

A relationship of trust and confidence between members of the Yuba County Sheriff's Department and the community they serve is essential to effective law enforcement. Law enforcement officers must be free to exercise their best judgment and to initiate enforcement action in a responsible, lawful and impartial manner without fear of reprisal. Enforcers of the law have a special obligation to respect the rights of all persons.

The Yuba County Sheriff's Department acknowledges its responsibility to establish a complaint system and a disciplinary procedure which not only will subject the officer to corrective action when he or she conducts himself or herself improperly, but also will protect him or her from unwarranted criticism when he or she discharge their duties properly. It is the purpose of these procedures to provide a prompt, just and open disposition of complaints regarding the conduct of members and employees of this Department.

It is the policy of the County of Yuba and the Yuba County Sheriff's Department to encourage the public to bring to the attention of the Sheriff's Department, complaints about the conduct of its members whenever a person believes a law enforcement act is improper. Complaints will be received courteously by all on-duty employees of the Sheriff's Department.

The Sheriff's Department will make every effort to insure that no adverse consequences occur to any person or witness as a result of having brought a complaint or having provided information in any investigation of a complaint. Any departmental employee who subjects a complainant or witness to recrimination shall incur appropriate disciplinary action.

Sincerely,

Steven L. Durfor  
Sheriff - Coroner

---

---



**Yuba County Sheriff's Department  
215 5<sup>th</sup> Street, Suite 150  
Marysville, CA 95901  
530-749-7777**

**COMPLAINT BY MEMBERS OF THE PUBLIC**

*Important: So that we may thoroughly investigate your claim it is important that you complete this form in its entirety.*

**1. REPORTING PERSON:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                                     (Last)                                    (First)                                    (Middle)

Address: \_\_\_\_\_  
                                     (Street)                                                                                    (City, State, Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
                                                             (Street)                                                                                    (City, State, Zip)

Date of Incident: \_\_\_\_\_ Date Complaint Filed: \_\_\_\_\_

**2. VICTIM OF MISCONDUCT: (If Other Than Above)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                                     (Last)                                    (First)                                    (Middle)

Address: \_\_\_\_\_  
                                     (Street)                                                                                    (City, State, Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
                                                             (Street)                                                                                    (City, State, Zip)

Date of Incident: \_\_\_\_\_ Date Complaint Filed: \_\_\_\_\_

**3. WITNESS(es):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. NAME OF OFFICER / EMPLOYEE:**

Name: \_\_\_\_\_ Description: \_\_\_\_\_

Name: \_\_\_\_\_ Description: \_\_\_\_\_

Name: \_\_\_\_\_ Description: \_\_\_\_\_

**5. COMPLAINANT'S ATTORNEY OR REPRESENTATIVE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

**6. RACIAL OR IDENTITY PROFILING:** Does this complaint allege racial or identity profiling? Yes  No   
If yes, check the which type of racial or identity profiling is alleged:

Race or ethnicity (including color)  Nationality  Age  Religion  Gender  Gender Expression   
Sexual Orientation  Mental Disability  Physical Disability

**7. Please provide a brief summary of the reasons for your complaint:**

---

---

---

---

---

---

---

---

---

---

**8. 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 CITIZEN'S 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 OR EMPLOYEE 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.**

I have read and understand the above statement.

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**

---

**9. TO BE COMPLETED BY PERSON RECEIVING COMPLAINT:**

Received in Person       Received by Telephone       Received Anonymously

\_\_\_\_\_  
**Signature of Person Receiving Complainant**

\_\_\_\_\_  
**Identification Number**

\_\_\_\_\_  
**Date**