STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

PERSONNEL COMPLAINT

SECTION 1 — COMPLAINANT INFORMATION

COMPLAINANT FULL NAME	DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	DATE OF COMPLAINT
	( )	( )	

ADDRESS	CITY	STATE	ZIP CODE

SECTION 2 — EMPLOYEE INFORMATION

EMPLOYEE NAME	BADGE NUMBER (*IF KNOWN*)

DESCRIPTION

If you have not already filed a complaint, the reverse side of this form may be used to initiate the process. In addition, you may contact a local DMV Investigations office or the Special Operations Command at (916) 657-7742.

The Department of Motor Vehicles has a well-defined procedure for investigating personnel complaints. Although complaints cannot always be resolved to a citizen's satisfaction, all investigations are conducted objectively, with a goal of maintaining public confidence and departmental integrity. After completion of the investigation, complaints are directed through the chain of command for an impartial review. After final approval, the citizen is provided with a written closing response.

SECTION 3 — ACKNOWLEDGEMENT

California Penal Code (CPC) §148.6 requires that all law enforcement agencies accepting an allegation of misconduct against a peace officer shall require the complainant to read and sign the following information advisory:

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. 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. PERSONNEL COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE OF COMPLAINANT	DATE SIGNED
X	

Print Clear Form

SECTION 4 — INCIDENT INFORMATION

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT

SECTION 5 — DETAILS OF COMPLAINT

Include nature of complaint, names and addresses of witnesses; any doctor or hospital or attorney contacted regarding this complaint. It is important that as many factual details as possible be included, so that your complaint may be thoroughly investigated. Use additional sheets as needed.

DMV USE ONLY

COMPLAINT RECEIVED BY *(PRINT NAME)*	AIMS CASE NUMBER	ADVISEMENT READ TO COMPLAINANT
		☐ Yes ☐ No ☐ Anonymous Complaint

SIGNATURE OF OFFICIAL RECEIVING COMPLAINT	DATE
X	

HOW COMPLAINT WAS RECEIVED

☐ In Person ☐ By Telephone ☐ By Telephone Anonymous ☐ By Mail ☐ Other

COMPLAINT FORWARDED TO

☐ Supervisor ☐ Area Commander ☐ Deputy Chief ☐ Chief ☐ SOC ☐ Other

Return to: Department of Motor Vehicles — INV
ATTN: Special Operations Command
P.O. Box 825389, MS N215
Sacramento, CA 94232-3890

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