



A Message from the Chief of Police:

It is part of the mission of the College of Marin Police Department to enhance the educational process by providing a safe and secure environment. We welcome all comments from our community on the effectiveness of our services and the manner in which we deliver those services. We value your feedback and encourage members of our community to take the time to compliment our officers and staff when they are particularly pleased with our service as well as notify us when those services are anything less than completely professional and helpful in nature. For minor complaints, we encourage you to speak directly with an employee's immediate supervisor. For more serious complaints, or when for any reason you would prefer to write the complaint or have it documented, this "Citizen Complaint Form" may be utilized. You may print and mail it to our Department or deliver it to any police supervisor on duty. Submissions may also be anonymous.

The Department is committed to a fair, impartial review of all complaints regarding our procedures or the conduct of our employees. California Penal Code section 832.5 sets forth that all California law enforcement agencies shall develop a procedure to investigate complaints made by a member of the public against a peace officer. All complaints will be taken seriously and investigated thoroughly. Corrective action will be taken when warranted. State personnel law requires that the actual discipline remain confidential.

If you wish to file a written complaint, please complete the form. You may add additional sheets of paper if you wish. If you file this complaint in person, you may simply ask for the supervisor on duty. If you wish to mail the complaint, contact:

College of Marin Police Department
Jeff Marozick, Chief of Police
835 College Avenue
P.O. Box 521
Kentfield, CA 94914
Supervisor line: 415.485.9478



CITIZEN COMPLAINT FORM

I. PLEASE ENTER THE FOLLOWING:

First Name _____ Middle _____ Last _____

Street Address _____ City _____ Zip _____

Home/Cell Phone _____ Email _____

II. WITNESS INFORMATION:

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

III. EMPLOYEE(S) INVOLVED:

Name _____ Badge # _____ Description _____

Name _____ Badge # _____ Description _____

Date and time of occurrence: Date _____ Time _____ AM PM

Location of Occurrence: _____

IV. DESCRIPTION OF EVENT(S):

Please state your complaint and any information that would help in investigating your complaint:
(Please attach additional pages if necessary)

Signature _____ Date _____

I ATTEST THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE

FOR DEPARTMENT USE ONLY

Department Supervisor Receiving Written Comments:

Date received _____ Time received _____