COLLEGE OF MARIN

POLICE DEPARTMENT

Complaint Form

For Members of the Public

A Message from the Chief of Police:

The College of Marin Police Department's mission is to engage the campus community in creating a safe environment for our students, staff, faculty, and visitors. We value your feedback and encourage you to notify us when our services are anything less than completely professional and helpful. Please use this form to submit a written complaint.

- You may submit a complaint online, in-person, or by mail:
  - **Online:** Complete form on our website police.marin.edu. If you provide your email address, a copy will be sent to you.
  - **In-Person:** Print, sign, and bring to:

College of Marin Police Department
Supervisor on Duty
Village Square, Portable VS1
Parking Lot 12
700 College Avenue
Kentfield, CA 94904

or

College of Marin
Office of the President
Academic Center
835 College Avenue
Kentfield, CA 94904

  - **By Mail:** Print, sign, and mail to:

College of Marin Police Department
Raul Aguilar, Chief of Police
835 College Avenue
P.O. Box 521
Kentfield, CA 94914

or

College of Marin
Office of the President
835 College Avenue
Kentfield, CA 94904

- A copy of your complaint will be shared with: Chief of Police Raul Aguilar (unless the complaint is about him); the supervisor of the Chief of Police; the Vice President of Human Resources; and the Office of the President. The complaint may be shared with others as appropriate to investigate and address a complaint. If you provide your contact information, a copy will be provided to you.
- You may file an anonymous complaint. If you file an anonymous complaint, we cannot contact you for more information.
- We take all complaints seriously and will investigate and conduct a fair, impartial review of all complaints thoroughly. When appropriate, corrective or disciplinary action will be taken. State personnel law requires that discipline remain confidential.

Thank you for your feedback. If you have any questions regarding this form or our services, please call the Police Department non-emergency telephone number at (415) 485-9455. In the event of an emergency, please call 911.

Print | Clear all fields

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I. PLEASE ENTER THE FOLLOWING (OPTIONAL):

First Name _____ Middle _____ Last _____

Street Address _____ City _____ Zip _____

Home/Cell Phone_____ Email_____

II. EMPLOYEE(S) INVOLVED:

Please enter as much information as you have. You do not have to complete all sections.

Name _____ Badge # _____ Description _____

Name _____ Badge # _____ Description _____

Date and time of occurrence: Date_____Time_____ ☐ AM ☐ PM

Location of Occurrence: _____

III. DESCRIPTION OF EVENT(S):

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

IV. WITNESS INFORMATION (OPTIONAL):

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

V. SIGNATURE (NOT REQUIRED FOR ANONYMOUS COMPLAINTS):

I certify that this information is correct to the best of my knowledge.

Signature _____Date_____

FOR COLLEGE USE ONLY

Name of employee receiving form:_____

Date received:_____Time received:_____