

Dear Community Member:

The attached form is provided for making reports of commendable actions or complaints about members of the Hollister Police Department. Commendations will be reviewed by the Chief of Police and given to the appropriate personnel. You will receive a letter from the Chief acknowledging the commendation.

Complaints may be discussed immediately with the Watch Commander. In the event you do not wish to make a report to the Watch Commander, a complaint may be filed with the Chief of Police, any elected official of the City of Hollister, or the San Benito County District Attorney's Office. Complaints may be made using the attached form, in person, by letter or any other appropriate means.

The Watch Commander may, if appropriate, dispose of minor complaints at the time received to the satisfaction of the complainant. In such cases, the Watch Commander will notify the Chief of Police as soon as practicable, in writing, the nature of the complaint, the desire of the complainant, and the disposition.

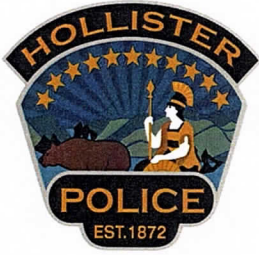
In the event a satisfactory resolution cannot be immediately reached, the complaint will be sent to the Chief of Police who will assign a supervisor to investigate the complaint. The investigator will notify the person making the complaint that the investigation is starting and will obtain any additional information necessary to thoroughly investigate the complaint.

The complainant will be notified in writing at the conclusion of the investigation. Because of the confidentiality requirements of personnel investigations, the complaining party will only be notified that the investigation has been concluded and appropriate action, if any, has been taken.

Sincerely,



Carlos Reynoso
Chief of Police



HOLLISTER POLICE DEPARTMENT

Citizen Commendation/Complaint Form

Citizen Identification:

Name: _____ DOB: _____

Address: _____

Home Telephone: _____ Cell: _____ Email: _____

Witness:

Name: _____ DOB: _____

Address: _____

Home Telephone: _____ Cell: _____ Email: _____

Name: _____ DOB: _____

Address: _____

Home Telephone: _____ Cell: _____ Email: _____

(You may attach an additional page if you have more witness information.)

Department Personnel Involved:

Name: _____ Badge Number: _____

Name: _____ Badge Number: _____

Name: _____ Badge Number: _____

Location of Incident: _____ Date: _____ Time: _____

Description of Event: (In your own words, give details of incident.)

I certify the above statement is true and an accurate account of the event.

Citizen Signature: _____ Date: _____ Accepted By: _____