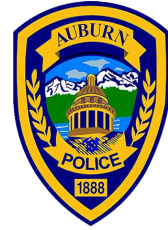




Auburn Police Department

JOHN F. RUFFCORN, CHIEF OF POLICE
1215 LINCOLN WAY, AUBURN, CA 95603 (530)823-4237



The Auburn Police Department wishes to provide you with the best professional law enforcement services available anywhere.

In order to assist us in providing this service, we invite your suggestions for improving law enforcement in your community. This includes constructive criticism of the department or its procedures, comments indicating dissatisfaction with the manner of performance by officers, or information concerning commendable actions by our officers, which you feel should be brought to my attention.

Each report received will be thoroughly investigated, and appropriate action taken. You will then be informed of the completed investigation. Your suggestions about improved procedures will be investigated, evaluated, and implemented whenever feasible to do so.

If you wish to make a personal report, you may come to our office at 1215 Lincoln Way, Auburn, or call 530-823-4237 Ext 205. You will be received courteously, and thorough consideration will be given to your report.

If you wish to register your report in writing, complete and return this form to the address above or by email to jruffcorn@auburn.ca.gov. Please provide as much information as possible. Give your name and address so that we may contact you for further information if needed. Any information you give will be kept confidential if you request.

Please feel free to express yourself on any matter which you feel should be directed to my attention. Every letter of complaint, suggestion, constructive criticism or commendation will receive my personal attention. Remember law enforcement is **everybody's** business, and your police department can only be as good as the citizens of Auburn want it to be.

Sincerely,

A handwritten signature in black ink that reads "John F. Ruffcorn".

John F. Ruffcorn, Chief of Police

PROTECTION — SERVICE — CONCERN — TRANSPARENCY

The Auburn Police Department is committed to serving and supporting our community through education, crime, transparency, and mentoring. We realize that our success is directly related to a collaborated effort with our entire community.

CITIZEN'S REPORT

(NOTE: This Report Can Be Made Available in Multiple Languages)



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 CITIZENS' 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 BEHAVED IMPROPERLY. CITIZEN COMPLAINTS, AND ANY REPORTS/FINDINGS RELATING TO COMPLAINTS, MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE (5) YEARS.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT: _____
Complainant Signature

I affirm that I have read the above information and that the statements contained herein are, to the best of my knowledge, factual and accurate.

Signature (If under 18, parent or guardian)

Date

FOR OFFICE USE ONLY

Report Received by

Date

Reviewed by Lieutenant

Date

Assigned to

Date

Copy Provided to Citizen by

Date

REPORT BY MEMBERS OF THE PUBLIC

PERSON REPORTING: _____ DOB: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ E-Mail: _____

DATE & TIME OF INCIDENT: _____

LOCATION OF INCIDENT(S): _____

IF A POLICE EMPLOYEE(S) IS INVOLVED, NAME(S) & BADGE #(s), IF KNOWN:

NAME BADGE #

NAME BADGE #

NAME BADGE #

NAMES OF ANY WITNESSE(S), ADDRESS(S) & PHONE NUMBER(S):

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

IF A PERSON WAS ARRESTED, PRINT NAME, ADDRESS AND PHONE NUMBER:

NAME ADDRESS PHONE NUMBER



PRINT THE NATURE OF OPINION, COMPLAINT, SUGGESTION, OR COMMENDATION, AND PROVIDE AS MUCH DETAIL AS POSSIBLE (USE REVERSE SIDE OF THIS FORM AND ATTACH ADDITIONAL SHEETS IF NECESSARY):

I hereby affirm that the statements contained herein are, to the best of my knowledge, factual and accurate.

Signature (If under 18, parent or guardian)

Date

