

San Bernardino County Probation Department

| Reference # | |
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CITIZEN COMPLAINT FORM

| Name of Person Filing Complaint: | | |
|---|---------------------|--|
| Home Address: | | |
| | Phone Number: | |
| Nature of Complaint: | | |
| | | |
| | | |
| Date of Occurrence: | Time of Occurrence: | |
| Place of Occurrence: | | |
| Description of Complaint: | | |
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| Attach Additional Pages if necessary | | |
| Names and Addresses of known witnesses: | | |
| 1) | | |
| 2) 3) | | |
| 3) | | |
| Signature of Complaining Person: | Date: | |
| | | |
| Complaint Received by: | Title/ID#: | |

| Description of Complaint (continued): |
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