



Policy Statement

It is essential for the Police Department to foster confidence and trust with the community it serves. In order for this to occur, the community must have open communication with its officers. Police employees must be able to act reasonably, using their best judgement without fear of reprisal for proper conduct.

The Chief of Police is responsible for overseeing the complaint process, reads every complaint and either must agree with the determination made by a supervisor investigating the complaint, or send the complaint back to the investigator for further action. If a complaint is found to be invalid; the Chief will take appropriate action to correct the employee's behavior or to correct a deficient policy.

The overall goal of the Police Department is to provide service to the community, in a professional and respectful manner.

Andrew Binder
Chief of Police
Palo Alto Police Department



Palo Alto Police Department Complaint Advisory

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 CIVILIANS' 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. CIVILIAN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE. [CA Penal Code § 148.6(a)(1)]

I have read and understood the above statement.

Complainant _____

Date _____



Palo Alto Police Department Complaint Form

Complainant's Name: _____

Address: _____

City & State: _____

Home/Mobile Phone: _____ Work Phone: _____

Email: _____

Witness Name: _____ Witness Phone: _____

Name of Employee: _____

INCLUDE EMPLOYEE'S NAME AND BADGE NUMBER IF KNOWN

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Summary of Complaint:

USE SUMMARY CONTINUATION IF NECESSARY

Signature: _____ Date: _____

Signature: _____ Date: _____

IF UNDER 18: PARENT SIGNATURE

Complaint Received By: _____ Date: _____ Time: _____

INVESTIGATION SIGN-OFF/DATE

Division Coordinator: _____ Police Chief: _____

COMPLAINT DISPOSITION:

☐ SUSTAINED ☐ NOT SUSTAINED ☐ UNFOUNDED ☐ EXONERATED ☐ NO FINDINGS



Complaint Procedure



Who will listen to my complaint?

Your complaint will be reviewed by the person accepting your complaint. The complaint will then be provided to a division Captain who will assign an investigator to investigate it.

I want the Chief of Police to know about my complaint.

The Chief of Police reviews all complaint investigations and either agrees with the investigators findings or requests further investigation to make their final determination about the complaint.

Will my complaint be taken seriously?

Yes, it is important for the Police Department to find the truth as to what happened. If we have done something wrong, we want to correct it immediately.

Will I be informed on the disposition of my complaint?

Yes. You will receive a letter from the Chief of Police telling you the disposition or your complaint. By law you will not be informed of any disciplinary action taken against the officer nor will you receive a copy of the investigation.

What if I am not satisfied with the results of the investigation?

If you are not satisfied with the disposition of your complaint, you can set up an appointment to speak to the division Captain or the Chief of Police.



PALO ALTO POLICE DEPARTMENT

Consent/Authorization for Release of Medical Information

I, _____ hereby authorize _____
_____ (Clinic/Hospital) to release medical information
pertaining to any medical history, mental or physical condition, and treatment and service rendered to:

Patient's Name: _____ Send To: _____

Date of Birth: _____ Social Security No: _____

Mailing Address: _____

Such disclosure shall be limited to the following medical records, specific type of information or dates
of treatments:

Specific Medical condition(s) and/or timeframe: _____

_____ Complete Medical Record (Including all clinics)

_____ Discharge Summary	_____ Outpatient Clinic Notes
_____ History & Physical	_____ Emergency Record
_____ Progress Notes	_____ Laboratory Tests
_____ Radiology Reports	_____ Consultation Reports
_____ Pathology Report	_____ Other (Slides, films):

Please include information related to (initial each):

_____ AIDS or HIV Infection _____ Psychiatric Care _____ Drug/Alcohol Treatment

I understand that this authorization shall become effective immediately and shall remain in effect until
(date) _____, I understand that the requestor may not further use or disclose the medical
information unless another authorization is obtained from me or unless such disclosure is specifically
required or permitted by law.

Signature: _____ Date: _____ Time: _____

Print name: _____

If signed by other than patient, indicate relationship: _____

Witness/Officer ID #: _____

PAPD Case # _____

White copy-steward of medical records

yellow copy-case

pink copy-patient



Palo Alto Police Department Complaint Continuation Form for Racial or Identity Profiling Complaints

Complainant's name/date: _____

Please enter only the selections that are applicable and leave others blank.

TYPE OF BIAS ALLEGED	Mark "X" if applies
Race or Ethnicity Bias	
Nationality Bias	
Gender Bias	
Age Bias	
Religion Bias	
Gender Identity or Expression Bias	
Sexual Orientation Bias	
Mental Disability Bias	
Physical Disability Bias	