PERSONNEL COMPLAINTS

The Orange County Sheriff’s Department considers its relationship with the community to be of great importance and encourages everyone to express their opinions regarding the performance, professionalism, and conduct of our employees. To achieve this goal, it is important that all complaints against members of the department be thoroughly investigated. We want to know when our service needs to be improved, and also to provide a means for members of the community to notify us of grievances against departmental members.

The following is information on how to make a formal complaint and answers some commonly asked questions about our procedures.

IN WHAT FORM MAY I MAKE MY COMPLAINT?

Complaints are accepted in writing, and in person. In making a complaint, please use the attached Personnel Complaint form. You may take the form to any Sheriff’s station and/or mail the form to:

Orange County Sheriff Coroner
Attention: Internal Investigations Unit
PO Box 449
Santa Ana, CA 92703

WHO WILL INVESTIGATE MY COMPLAINT?

1. Complaints can be handled by the appropriate Division Commander or by our Internal Investigations Unit. Complaints can be made during normal business hours at most of our stations located throughout the county. If this is impractical, you may telephone the Internal Investigations Unit at (714) 834-5548.

2. After normal business hours, complaints can be made to the Sheriff’s Department Commander at (714) 647-7000. The Department Commander will take information regarding the complaint and forward it to the appropriate division.

3. Written complaints will also be accepted. Please use the attached “Personnel Complaint Form.” Upon receipt of the written complaint, an investigator or other member of the department may interview you.

IF I WRITE MY COMPLAINT, WHY DO YOU WANT TO TALK TO ME?
The department wants to do a complete investigation of all sincere complaints. Department employees are also interviewed, which can lead to a version of events that varies from what is written by a complainant. Fairness to both sides requires that involved parties and witnesses also be interviewed in an attempt to ascertain the truth. Certain facts, recollections, or evidence not originally considered by the complainant could be vital in determining the facts of the incident.

**WHAT WILL HAPPEN TO THE DEPARTMENTAL EMPLOYEE?**

That will depend on what (if anything) the employee did wrong. If the actions were criminal, the employee will be dealt with like any other civilian. If the behavior was improper, but not criminal, the employee may be disciplined by the Sheriff to the degree warranted by the individual situation. Disciplines can range from reprimands through suspensions to termination.

**WILL I BE INFORMED REGARDING THE OUTCOME OF THE INVESTIGATION?**

Yes; you will receive written correspondence from the department within 30 days of the disposition of the case (CPC 832.7).
PERSONNEL COMPLAINT FORM

NAME OF COMPLAINANT: ____________________________________________________________

DATE REPORTED: __________________________________________________________________

ADDRESS: _______________________________________________________________________

PHONE: _________________________________________________________________________

EMAIL: _________________________________________________________________________

DATE/TIME OF INCIDENT: __________________________________________________________

LOCATION OF INCIDENT: __________________________________________________________

NAME OF INVOLVED EMPLOYEE(S) IF KNOWN: _______________________________________

NAME/ADDRESS/PHONE NUMBER OF WITNESS (ES): __________________________________

SUMMARY OF COMPLAINT: _________________________________________________________

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This form is available in any of the following languages: Albanian, Armenian, Cambodian, Chinese, Dutch, Dari, Farsi, French, Hebrew, Hindi, Hungarian, Ilocano, Indonesian, Italian, Japanese, Lao, Korean, Polish, Punjabi, Russian, Spanish, Swedish, Tagalog, Tamil, Thai, Urdu and Vietnamese.

Please sign and date this complaint form (or its other language equivalent) and return it to us, so we can proceed with the investigation.

*By signing this form, I certify that the statements contained in it are true and correct to the best of my knowledge and belief.*

___________________________________________     ________________________
Signature                                      Date

_________________________________________
Name (Please print)