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STAMP  
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DEPARTMENT OF FISH AND WILDLIFE  
DIRECTOR'S OFFICE  
PO BOX 944209  
SACRAMENTO, CA 94244-2090

Department of Fish and Wildlife  
1416 9<sup>th</sup> Street  
Sacramento, CA 95814

### Citizens of the State of California

A relationship of trust and confidence between employees of the Department of Fish and Wildlife and the communities they serve is essential to public cooperation and public relations. Department employees must be free to exercise their best judgment and to initiate appropriate action in a responsible, lawful, and impartial manner, as stewards of the State's resources, without fear of reprisal. So, too, our employees have a special obligation to respect the individual and property rights of all persons.

The Department of Fish and Wildlife acknowledges its responsibility to establish a system of receiving complaints and commendations from the public which will not only subject our employees to corrective action when improper conduct has occurred, but will also protect employees from unwarranted criticism when they discharge their duties properly. It is the purpose of these procedures to provide a prompt, just, and open disposition of information regarding the conduct of employees of this Department. To this end, citizens may bring comments about Department operations and the conduct of its members to the attention of the Department of Fish and Wildlife.

Conversely, all citizens should take it upon themselves to commend an employee for meritorious conduct witnessed or within the knowledge of the reporting citizen. Reports concerning commendations or recognition of exemplary conduct will be accepted by any member of the Department.

Should you have any questions regarding these procedures, please contact the office of the Director during business hours, Monday through Friday.

Sincerely,

Director  
Department of Fish and Wildlife

# CITIZEN'S REPORT



## CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE

**Welcomes your:**

**COMMENDATIONS  
RECOMMENDATIONS  
COMPLAINTS**

**In the Interest of Better Resource Management  
and Public Relations**

### IMPORTANT TELEPHONE NUMBERS

|   |                   |
|---|-------------------|
| Director's Office                       | 916-653-7667      |
| Northern Region                         | 530-225-2300      |
| North Central Region                    | 916-358-2900      |
| Bay Delta Region                        | 707-944-5500      |
| Central Region                          | 559-243-4005 x151 |
| South Coast Region                      | 858-467-4201      |
| Inland Deserts Region                   | 909-484-0167      |
| Marine Region                           | 831-649-2870      |
| Sacramento Enforcement Headquarters     | 916-653-4094      |
| Office of Spill Prevention and Response | 916-445-9326      |

## SUMMARY OF THE PROCESS

It is desirable that you contact the Regional office where your comments can be received during a personal interview. However, comments may also be made by telephone or by mail and can be made anonymously unless it is a complaint against a peace officer.\* All information received will be treated confidentially by the Department of Fish and Wildlife.

When filing your report, you will be asked to provide the following information:

1. Your name, address, and telephone number;
2. The name, address, and telephone number of the other parties, if other than yourself;
3. The date, day, time, and location of the incident;
4. The name of any witnesses, their addresses, and telephone numbers, if available;
5. The name, address, and telephone number of any person(s) arrested during the incident;
6. The name or identifying description of the employee(s) involved including the badge number of law enforcement personnel;
7. The name, address, and telephone number of any attorney or other person representing you in this matter;
8. A narrative description of the events giving rise to your report.

After completing an investigation, a disposition of sustained or not sustained will be made by the Division Chief. When complaints are found to be sustained, the Division Chief shall determine and administer appropriate corrective and/or disciplinary action.

Departmental procedure allows up to 120 days for completion of an investigation into a citizen's report. Should additional time be required, consecutive 30 day extensions may be granted. (In the event of delay, you will be notified of the reason(s) for the delay by the Department.) You will be notified by letter of the results of the investigation. Any person may appeal to the Director.

\*If this is a complaint against a peace officer, the complainant is required to read and sign the following information 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 CIVILIAN 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.

Signature

Date

## CITIZEN'S REPORT

| REPORT NUMBER   |  | DATE REPORT FILED |                      | TIME             |   |
|---|--|-------------------|----------------------|------------------|---|
| REPORTING PERSON  |  |                   |                      |                  |   |
| Name (Last, First, Middle)  |  |                   |                      | Telephone (Home) |   |
| Address (City, State, ZIP Code)   |  |                   |                      | Telephone (Work) |   |
| AFFECTED PARTY (If other than above)  |  |                   |                      |                  |   |
| Name (Last, First, Middle)  |  |                   |                      | Telephone        |   |
| Address (City, State, ZIP Code)   |  |                   |                      |                  |   |
| Day & Date of Incident  |  |                   | Location of Incident |                  |   |
| WITNESSES   |  |                   |                      |                  |   |
| Name  |  | Address           |                      | Telephone        |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
| If witnesses are not known, give their description (car license, etc.)                                    |  |                   |                      |                  |   |
| EMPLOYEE(S) / WARDEN(S)   |  | BADGE#            | VEHICLE LICENSE      | DESCRIPTION      |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
| ATTORNEY OR REPRESENTATIVE  |  |                   |                      |                  |   |
| Name  |  | Address           |                      | Telephone        |   |
|   |  |                   |                      |                  |   |
| Give a narrative description of the events giving rise to the commendation, recommendation, or complaint. |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
|   |  |                   |                      |                  |   |
| Signature of reporting person   |  |                   | Date                 |                  | Signature of parent or guardian (if required) |
|   |  |                   |                      |                  | Date  |
| Was any party or witness contacted or interviewed by an employee?<br>Yes [ ] No [ ] If so, whom?          |  |                   |                      |                  |   |
| May an investigator interview the complainant at work? [ ] Yes [ ] No at home? [ ] Yes [ ] No             |  |                   |                      |                  |   |
| Signature of person receiving report  |  |                   | Job Title / Position |                  | Telephone                                     |
|   |  |                   |                      |                  |   |

Use additional sheets as needed.