



TUOLUMNE COUNTY PROBATION DEPARTMENT

465 South Washington Street, Sonora, CA 95370
TEL 209-533-7500 FAX 209-533-7564

Dan Hawks
Chief Probation Officer

Citizen Complaint Form

I want to complain about (Badge, Officer, Employee, Car #): _____

My name is _____
(Ms.)(Miss) (Mr.) _____
(First) (Middle) (Last)

I live at _____

My mailing address is _____

My home telephone number is _____ or between _____ am _____ pm

I can be reached at work, telephone number _____ ext. _____

Names, addresses, telephone numbers of any witnesses: _____

I want to complain because on (date) _____ at about _____

Location _____

(he)(she)(they) _____

(Attach additional pages if necessary)

Does this complaint pertain to racial and/or identity profiling? _____ If yes, please select what type.

____ Race/Ethnicity ____ Nationality ____ Gender ____ Age ____ Religion ____ Gender Identity / Expression
____ Sexual Orientation ____ Mental Disability ____ Physical Disability ____ Other: _____

I understand that this complaint will be investigated and I declare that the allegations contained in this complaint are true.

Complainant Signature: _____ Date: _____

When completed deliver to:
Tuolumne County Probation Department
Attn: Dan Hawks, Chief Probation Officer
465 South Washington Street
Sonora, CA 95370
209-533-7500