

AMERICAN FRIENDS SERVICE COMMITTEE
COMPLAINT FORM

I. DOCUMENTING ORGANIZATION

NAME: American Friends Service Committee STAFF NAME: [REDACTED]
ADDRESS: _____ INTERVIEW DATE: 10-8-93
CITY: _____ STATE: _____ ZIP: _____ PHONE: [REDACTED]

II. BIOGRAPHICAL INFORMATION OF VICTIM

NAME: [REDACTED]
ADDRESS: [REDACTED]
CITY: SAN MARCOS STATE: CA ZIP: 92069
PHONE: () N/A

III. FACTS REGARDING INCIDENT

DATE AND TIME OF INCIDENT: 10-4-93 5:15 PM
LOCATION OF INCIDENT: SM - MISSION BLVD

IV. LAW ENFORCEMENT AGENCY: SHERIFF

OFFICER(1): [REDACTED] OFFICER(2): _____

V. WITNESSES

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

VI. COMPLAINT/DESCRIPTION OF INCIDENT

I ACCID. BUMPED CAR AT INTERSECTION, OTHER CAR LEFT, SO I LEFT. I CAME BACK 8-10 MIN'S LATER. SHERIFF WAS WAITING. I WAS ARRESTED AND HELD 20-25 MIN'S. DEP. [REDACTED] TOOK MY GREEN CARD AND TOLD ME TO PAY OTHER DRIVER OR HE WOULD TAKE MY CAR AWAY. (2) OTHER DEP'S WITNESSED DEP. [REDACTED] TAKE MY GREEN CARD.

[REDACTED]
TEL - [REDACTED] - [REDACTED]

NAME: [REDACTED]

SAN MARCOS, CA 92069

DATE: 10-4-93

TIME: 5:15 PM

LOC: SM - MISSION BLVD.

WITNESSES:

LEA: SHERIFF

OFFICER: [REDACTED]
+(2) OTHER DEP.'S

HIT CAR BEHIND, OTHER CAR LEFT,
JO CAME BACK (8 min's), SHERIFF WAITING.
ARREST, HELD 20-25 min's, TOOK GREEN
CARD + TOLD TO PAY OTHER DRIVER OR WOULD
TAKE CAR AWAY, (2) OTHER DEP.'S WITNESSED
DEP. [REDACTED] LOOKING AT MICA.

BOARD MEMBERS

MARILYN LASSMAN
Chairperson
JAMES M. RADY
Vice Chairperson
MATEO R. CAMARILLO
DARLEE J. CROCKETT
RUDY DAVID
TIMOTHY P. HAIDINGER
DR. GRANT L. HANSEN
WALTER W. HEISER
JOE E. OUTLAW
DELIA H. TALAMANTEZ
Henry Hodge



EXECUTIVE OFFICER
EILEEN M. LUNA

County of San Diego

CITIZENS LAW ENFORCEMENT REVIEW BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2472

(619) 685-2200 Fax: (619) 685-2250

April 21, 1994

██████████ Director

Dear ██████████:

Our office received three complaints which were forwarded from the AFSC. The complaints have been lodged and case numbers have been assigned.

Enclosed is a complaint form for Mr. ██████████. I am sending the complaint form to you as the summary does not include a mailing address. We need the complaint form signed and returned to our office in order to initiate an investigation.

Please feel free to contact our office if you have any further questions.

Sincerely,

██████████

**SAN DIEGO COUNTY
CITIZENS LAW ENFORCEMENT REVIEW BOARD
CITIZEN COMPLAINT FORM**

INSTRUCTIONS FOR COMPLETING CITIZENS COMPLAINT FORM:

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. Please describe the problem with what happened. How could it be solved to your satisfaction? Please print your responses. If you do not know the officer's name or badge number, try to describe the officer. If you need more space, attach added sheets.

Your statement must be a true and accurate account of the incident to the best of your knowledge, and you must sign and attest to its accuracy. If you have questions or need help, please call the Review Board at (619) 685-2200 between 8:00 AM and 5:00 PM weekdays, or leave a message at that number after hours.

In accordance with the County Administrative Code, a copy of the complaints received by the Review Board shall be transmitted to the Sheriff or the Chief Probation Officer. Complaints which are in the possession of the Review Board or it's staff, shall be confidential and shall not be disclosed to any member of the public, except in accordance with applicable law.

Your complaint will be investigated. If you move or change phone numbers, remember to let the Review Board know.

=====

INSTRUCCIONES PARA LLENAR LA FORMA DE QUEJAS:

Por favor describa el incidente que motivó esta queja, explicando que pasó desde el principio hasta el fin, y lo más detalladamente que pueda. Describa lo que pasó, y lo que usted considere una solución. Por favor, presente su respuesta por escrito. Si no sabe el nombre del oficial o el número de su placa, trate de describirlo. Si necesita más espacio, adjunte más hojas.

Su declaración sobre el incidente tiene que ser verdadera y precisa, hasta donde sea de su conocimiento. Usted debe firmar y dar fe de la veracidad del contenido de su declaración. Si tiene preguntas, necesita ayuda, o si prefiere esta forma en Inglés, por favor llame a la oficina del Consejo de Revision al (619) 685-2200 entre 8:00 AM Y 5:00 PM durante la semana, o deje un mensaje después del horario de oficina.

De acuerdo con el código administrativo del Condado, copias de todas las quejas recibidas por el Consejo de Revision, deberán ser transmitidas al Sheriff o al jefe de la oficina de Libertad Vigilada--Probacion. El Consejo de Revision y su personal son responsables de mantener confidenciales todas las quejas en su posesion. No seran dadas a conocer a ninguna persona, salvo en caso de ser requeridas por la ley vigente.

Su queja será investigada. Si cambia su número de teléfono o su domicilio, por favor avise al Consejo de Revision.

1. COMPLAINANT: [REDACTED] [REDACTED] _____
Last Name First Name Middle Name

Home Address Street Apt # City State Zip

Work Address Street Ste # City State Zip

Telephone Number Home Work Message

Optional: _____
Date of Birth Sex Ethnicity

2. INCIDENT CAUSING THIS COMPLAINT: Location: _____

Address or Description of Location; Type of place

Date and Time of Incident _____ AM or PM

Aggrieved Person (If Not Complainant) _____

If Complainant and/or Aggrieved Person is in Custody, list release date, out-of-custody address & phone: _____

Optional: _____
Date of Birth Sex Ethnicity

Name(s) and/or Badge Number(s) of Officer(s) Involved if Known _____

DESCRIPTION OF INCIDENT: SEE ATTACHED

Witness(es) _____
Include name/address/phone for each witness; attach added sheets if needed

3. SWORN STATEMENT OF COMPLAINANT: I hereby certify that, to the best of my knowledge, and under penalty of perjury, the statements made herein are true.

Signature _____ Print name _____ Date _____

CLERB staff use only:
A. DATE COMPLAINT RECEIVED: _____

COMPLAINT INTAKE BY _____
Circle How Received: Person Letter Dept Phone Other

Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No []
Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes [] No []
Photos taken? Yes [] No [] By: _____

B. COMPLAINT ASSIGNED TO _____

PRELIMINARY RECOMMENDATION: _____
Circle COMPLAINT CATEGORY: I. II. III. IV. V.

Circle Complaint Against: Personnel Policy Procedure

C. FINAL RECOMMENDATION _____
DISPOSITION Unfounded [] Not Sustained [] Action Justified [] Sustained []

██████████
Date of incident: 10-4-93
Place: Mission Blvd., San Marcos, CA
Agency involved: San Marcos Sheriff Department
Deputy Sheriff: ██████████

Mr. ██████████ accidentally bumped a car at an intersection. The other car left, so he also left. He came back about 10 minutes later and a Sheriff deputy was waiting. Mr. ██████████ was arrested and held around 25 minutes. Mr. ██████████ claims that Deputy Sheriff ██████████ took his green card and told him to pay the other driver or else he would take his car away. Two other deputies witnessed that deputy Frank took away Mr. ██████████'s card.