

**Citizen Complaint Against Peace Officer Form**

DBO-ENF 53 (Rev. 08-20)



## CITIZEN COMPLAINT AGAINST PEACE OFFICERS

Please Read the Information Collection, Use and Access notice on page 2

(916) 322-6067/ (866) 275-2677 Toll Free – CA Only  
 TTY/TDD (800) 735-2922 (California Relay Service)  
 For TTY/TDD Outside California contact your state's relay  
 service number at <http://www.fcc.gov/dro/trsphonebk.html>  
 DBO Web Site: <http://www.dbo.ca.gov>

Mail form to:  
 Deputy Commissioner of Enforcement Division  
 2101 Arena Blvd  
 Sacramento, CA 95834  
 Email form to:  
[DBOPeaceOfficerComplaint@dbo.ca.gov](mailto:DBOPeaceOfficerComplaint@dbo.ca.gov)

**SECTION 1 - YOUR CONTACT INFORMATION (To receive a response in writing, you must provide your mailing address)**

First Name:		MI:	Last Name:	
Address:				
City:		State:	Zip Code:	
Home Phone:	Work Phone:		Email:	

**SECTION 2 – WITNESSES AND VICTIM (if different from reporting party)**

First Name:		MI:	Last Name:	
Address:				
City:		State:	Zip Code:	
Home Phone:	Work Phone:		Email:	

**SECTION 3 – PEACE OFFICER INFORMATION**

Employee's Name:				
Employee's Office Location if known:				
City:		State:	Zip Code:	
Employee's Phone:				

**SECTION 4 - YOUR STATEMENT OF COMPLAINT**

Provide specific information about the alleged misconduct. If more space is needed, attach additional pages. <i>Do Not Send Original Documents.</i>	Total # of Pages Attached:
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**SECTION 5 – RACIAL OR IDENTITY PROFILING**

Is your complaint based on the belief that you were targeted based on race, color, ethnicity, national origin, gender, age, religion, gender identity or expression, sexual orientation, or mental or physical disability: Yes No
If Yes, please check all that apply:
Race <input type="checkbox"/> Color <input type="checkbox"/> Ethnicity <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Mental Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other (please explain) <input type="checkbox"/>

[If you need more space and are using this fillable form, create a document (e.g. MS Word or WordPerfect) to print and attach.]

Signature:	Date:
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**CITIZEN COMPLAINT AGAINST PEACE OFFICER FORM  
Information Collection, Use and Access  
Notice Required Under State Law**

The following notice is required by state law under the Information Practices Act of 1977 (California Civil Code Section 1798.17).

All information you provide regarding the performance of this Department is voluntary and optional. However, if you choose not to include all or any part of the information requested, the Department may be unable to fully investigate or respond to your comment or complaint.

All investigations are conducted objectively, with a goal of maintaining public confidence and departmental integrity. After completion of the investigation, complaints are directed through the chain of command for an impartial review. After final approval, the citizen is provided with a closing written response. Complaints may not always be resolved to a citizen's satisfaction.

We may share your personal information, as needed, with licensed business entities or individuals to facilitate resolution of your comment or complaint. We may also share your information with other government agencies or self-regulatory organizations.

The Commissioner is responsible for the performance of all duties, the exercise of all powers and jurisdiction, and the assumption and discharge of all responsibilities vested by law in the Department. The Commissioner has and may exercise all the powers necessary or convenient for the administration and enforcements of, among other laws, the laws described in Financial Code Section 300. The Commissioner may issue such rules and regulations consistent with law as he or she may deem necessary or advisable in executing the powers, duties, and responsibilities of the Department.

You have a right to see your personal information. The official responsible for maintaining information gathered by the Department of Business Oversight is:

DBO Privacy Officer  
Department of Business Oversight  
2101 Arena Blvd  
Sacramento, CA 95834

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**DBO’s Privacy Notice on Collection**

**DBO Collects and Uses Personal Information:** The DBO collects the information requested on this form as authorized by Penal Code sections 832.5 and 13012. The DBO uses this information to conduct an investigation of your Citizen’s Complaint. Use of the personal Information DBO collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

**Providing Personal Information Is Mandatory:** When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver’s license number, or financial information.

**DBO May Disclose Your Personal Information:** We may share your personal information with State and Federal Regulators, and law enforcement agencies. Your personal information may also be disclosed:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another governmental agency as required by state or federal law.
- In response to a court order or administrative order, a subpoena or a search warrant.

**Your Access to Your Personal Information:** You may review the records maintained by DBO that contain your personal information. To request access, contact: DBO Privacy Officer, 2101 Arena Blvd, Sacramento, CA 95834.

**Contact Information:** For questions about a written complaint that you submitted to the DBO, please specify the specific record that you are seeking. You may mail your request to Deputy Commissioner of Enforcement, 2101 Arena Blvd, Sacramento, CA 95834 or email your request to [DBOPeaceOfficerComplaint@dbo.ca.gov](mailto:DBOPeaceOfficerComplaint@dbo.ca.gov).