

## **County of Santa Cruz**

Sheriff-Coroner

5200 Soquel Ave Santa Cruz, CA 95062 (831) 454-7600 FAX: (831) 454-7604

Jim Hart Sheriff-Coroner

### Military Style Equipment Complaint Form Cover Letter

You have the right to make a complaint regarding military style equipment as defined pursuant to Sheriff's Office Policy 706. Complaints regarding the use of military style equipment will be added to the annual report for consideration by the Board of Supervisors. You will be notified of receipt of this complaint via mail.

Complainant's Name, Printed

**Complainant's Signature** 

Date

#### Santa Cruz County Sheriff's Office

#### **Equipment Complaint Form**

Complainant's LAST Name, First, Middle	Male		Female	Phone:		Date of Birth:
Address	City/Zi	р			Email:	

# Complete this Portion if Complainant is a Minor or if Assisted by an Attorney LAST Name, First, Middle Relationship to Complainant: Address City/Zip Phone: Email: Location of Occurrence: Day: Date: Time: AM Image: Image: Image: Image: Image: Image:

Type of Equipment (list items individually)

Brief Summary of Your Complaint Using Own Words. ( <i>If you need more space, use additional narrative page</i> )								
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Complete stars V								
Complete setters V								
Complete states V								
COMOUNT N SIGNATURE X	Complainant's Signature X Date							

For Official Use Only

Complaint Received by	Date Received			
🗅 Walk-in 🗅 Mail 🖵 Fax				
EMPLOYEE RECEIVING ALLEGATION	POSITION	DIV	I.D.	DATE