

San Benito County Probation Department 400 Monterey Street

400 Monterey Street Hollister, CA 95023 831-636-4070 831-636-5682 FAX



FORMAL COMPLAINT FORM

Officer(s)/Staff Member named in com	iplaint:
1	
2.	
3	
Date(s) of incident(s) resulting in comp	plaint:
Description of incident (in order to thor description of the events leading to thi	roughly investigate this incident, an accurate s complaint is necessary):
(Please	use back page if necessary)
Complainant:	
Signature:	
Telephone #:	Date:



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**************************************	RVISOR FOLLOW UP ONLY************************************
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No further action is required	Forwarded to CPO on (date)
Resolution / Outcome:	