

**FILE A COMPLAINT OR COMMENDATION**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER- DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_

INCIDENT DATE & TIME: \_\_\_\_\_

INCIDENT CASE NUMBER: \_\_\_\_\_

INCIDENT LOCATION:

CITY EMPLOYEES INVOLVED (IF KNOWN):

\_\_\_\_\_

WITNESSES:

\_\_\_\_\_

THE FOLLOWING HAPPENED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Mail to: Santa Clara Police Department  
601 El Camino Real  
Santa Clara, CA 95050

OR

Email to: [Police@SantaClaraCA.gov](mailto:Police@SantaClaraCA.gov)