



HUMBOLDT COUNTY PROBATION DEPARTMENT

2002 HARRISON AVENUE
EUREKA, CA 95501 PHONE (707)445-7401

Today's Date: _____

Name: _____

Telephone Number(s) Home: _____ Office: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Names of Persons Involved (if known):

Details of Complaint (include names, times, locations, witnesses and any other factual supporting information. Attach additional sheets, if necessary):

Witness(es)	Residence Address	Telephone Numbers	
		Home	Office

(Attach additional sheets, if necessary)

Signature: _____

Received By: _____

Date: _____

Complaint Received:

Name: _____

Telephone Number: _____

Date: _____

Time: _____

Received

By: _____
Name

_____ Title

Complaint Received: in writing verbal (in person) by telephone

Does complainant wish to be notified of investigative findings and action taken? Yes No

Supervisor Assigned to Investigate: _____

Investigative Findings:

- 1. Unfounded
- 2. Exonerated
- 3. Not Sustained
- 4. Sustained
- 5. Other (explain):

Recommendation to Chief Probation Officer:

Action Taken by Chief Probation Officer:

Reviewed By:

Employee: _____
Signature Date

Supervisor: _____
Signature Date

Chief Probation Officer: _____
Signature Date

Complainant Notified of Results: Yes No _____
Date

(ATTACH TO ORIGINAL COMPLAINT)