

County of Sacramento Community Services Agency Department of Regional Parks Park Ranger Section 10361 Rockingham Dr, Suite 100 Sacramento, CA 95827

		For Official Use Only										
Reporting Person (Last		Date of Birth					Age	File 1	Number			
Residence Address (Address and ZIP Code)				Telephone					Crime Report Number			
Business or School		Telephone					Date	Date/Time of Complaint				
Victim of Alleged Incident												
Name (Last, First, Middl				Date of Birth			A	Age Arrested				
,	S	Same						□ Yes □ No				
Residence Address and 2		Telephone						•	orney or Representative			
Business or School		Telepho			one			Telephone Number				
Name of Employee (if known)												
Name			ivision	Ra	Rank Badge		Car No. Des)escriptio	escription		
Witnesses	<u> </u>											
Name			ddress			Telephone						
Person(s) Arrested												
Name	A	ddress			Telephone							
ranic		110	aaress			refeptione						
Details of complaint or	criticism: It is important	to include as many	v factual d	leta	ails as po	ossible so t	the incid	lent ma	v be fully	y investigated. Please use		
reverse side of this forn		,			1			•	,			
Time and Date of Incider	nt	Location of In	cident									
I certify these statements to be true and accurate to the best of my knowledge and belief:												
Signature of Reporting Person Signature of Parent/Guardian (if under 18 years old)												
>			>		_							
Signature of Person Receiving Complaint Badge N			Division		Telepl	hone	Identifi damage		hotograp	ohs taken of injuries or □ Yes □ No		
For Internal Investigati	on Use Only											
Assigned Investigator Class		Classification					Disposition					
Date Assigned	Date Completed	Α□	В□		СГ		$1 \square S$	ustained	l	2 □ Exonerated		
	Date Completed	ΑЦ	ВЦ				3 □ t	Jnsustai	ned	4 □ Unfounded		

				Date of Complain	nt
Reporting Person (Name)					
			If w		e additional pages
Observations of personnel receiving the complaint			11 11	lecessary, please us	e additional pages
Observations of personner receiving the complaint					
Cianatana afarana ana airi	D-1 N	Dist. 1	T-1 1	Г	D
Signature of person receiving complaint	Badge No.	Division	Telephone		Page
>	1				of

File Number