

COUNTY OF IMPERIAL

DAN PRINCE  
Chief Probation Officer

ELIZABETH V. SAIS  
Assistant Chief Probation Officer



PROBATION DEPARTMENT  
JUVENILE HALL

324 Applestill Rd.  
El Centro, CA 92243

(442) 265-2400  
(442) 265-2376 fax

PROBATION DEPARTMENT

COMPLAINT SUMMARY FORM

DATE: \_\_\_\_\_

Complaint No. \_\_\_\_\_

COMPLAINANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Name(s) of Probation Department Employee(s) Involved: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ ID#/Vehicle #: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ ID#/Vehicle #: \_\_\_\_\_

Description of Incident/Complaint (If you need more space please attach an additional sheet of paper):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional evidence: Photos Videos or Audio Recording? \_\_\_\_\_ Yes \_\_\_\_\_ No

*"Committed to enhancing public safety by reducing recidivism, motivating behavioral change, enforcing court orders and advocating for victims."*

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**WITNESS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) Home ( ) Cell Phone ( ) Home

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) Home ( ) Cell Phone ( ) Home

I hereby certify that the above facts are true and correct. I acknowledge that under California Civil Code 47.5, civil action can be brought against me for knowingly filing a false complaint.

\_\_\_\_\_  
Signature of Complainant or  
Signature of Parent Guardian (Minor Only)

**\*\*FOR DEPARTMENT USE ONLY\*\***

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Observations & Actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

I.A. Case #: \_\_\_\_\_

30 Days: \_\_\_\_\_

60 Days: \_\_\_\_\_

Original: Chief Probation Officer  
Copies: Division Manager / File

*"Committed to enhancing public safety by reducing recidivism, motivating behavioral change, enforcing court orders and advocating for victims."*

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DAN PRINCE  
CHIEF PROBATION OFFICER

COUNTY OF IMPERIAL



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PROBATION DEPARTMENT

Formulario de Quejas

**Office Use Only**

I.A. Case # \_\_\_\_\_

30 Days: \_\_\_\_\_

60 Days: \_\_\_\_\_

ACUSADOR

Fecha: \_\_\_\_\_

Nombre: \_\_\_\_\_

Interprete: \_\_\_\_\_

(Nombre Y Relacion con Acusador)

Direccion: \_\_\_\_\_

Tel. (Casa): \_\_\_\_\_ Tel. (Trabajo): \_\_\_\_\_ Celular: \_\_\_\_\_

Nombre de Testigo: \_\_\_\_\_

Direccion: \_\_\_\_\_

Tel. (Casa): \_\_\_\_\_ Tel. (Trabajo): \_\_\_\_\_

**(Usar el revers del documento para informacion adicional)**

Lugar del Incidente: \_\_\_\_\_

Fecha del Incidente: \_\_\_\_\_ Hora: \_\_\_\_\_

Nombre del Personal del Departamento de Libertad Condicional involucrado(s):  
\_\_\_\_\_

Sexo: \_\_\_\_\_ Etnicidad: \_\_\_\_\_ No. de Identificacion/Vehiculo: \_\_\_\_\_

Sexo: \_\_\_\_\_ Etnicidad: \_\_\_\_\_ No. de Identificacion/Vehiculo: \_\_\_\_\_

Descripcion del incidente: (de ser necesario, favor de adjuntar hojas adicionales):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existe alguna evidencia adicional? Fotos, Videos, Audio? \_\_\_ Si \_\_\_ No

Por la presente certifico que los hechos mencionados son verdaderos y correctos. Reconozco en virtud del Codigo Civil de California 47.5 lo siguiente, accion civil podria ser llevada en mi contra por presentar a consciencia una denuncia falsa.

\_\_\_\_\_  
Firma del Acusador / Firma del Padre (solo para menores de 18 años)

=====  
**\*\* ESTA SECCION ES SOLO PARA USO DEL DEPARTAMENTO \*\***  
=====

Supervisor Receiving Complaint: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Additional Observations & Actions by Supervisor Receiving Complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original to: Chief Probation Officer

Complaint Identify No.: \_\_\_\_\_ (Assigned by Chief's Secretary)

Copies to: Division Manager