

BULLHEAD CITY POLICE DEPARTMENT

A Citizen's Guide to the Complaint Process Fact Sheet

1. This guide is intended to provide you with an overview of the process by which a complaint of misconduct is filed, processed and a final disposition is reached. All complaints of misconduct against a member of the Bullhead City Police Department are thoroughly investigated.
2. Any person may report misconduct by filing a complaint regardless of their nationality, sex, or age. The person reporting the misconduct need not be personally involved, but may be a witness, or someone with direct knowledge of the incident or alleged misconduct.
3. Complaints may be made by completing the Bullhead City Police Department Use of Force or Complaint Reception and Processing Worksheet, hereinafter referred to as "complaint form," which may be obtained from the Police Department Administrative facility at 1255 Marina Boulevard, or on the City's Website at www.bullheadcityaz.gov in the Police section under FAQs.
 - A. **To request a complaint form in person:** Go to the Bullhead City Police Department located at 1255 Marina Boulevard, any time Monday through Friday 8:00 a.m. to 5:00 p.m. excluding Federal holidays.
 - B. **To request a complaint form be delivered in person within the City Limits:** Contact the 911 Communications Center, at (928) 763-1999 and request an on-duty supervisor deliver the form to you. Any requests for complaint form delivery outside the City limits will be mailed.
 - C. **To request a complaint form be mailed:** Contact the Police Department's Receptionist at (928) 763-9200, tell them you would like a complaint form mailed to you, and provide a valid mailing address.
 - D. **To complete a complaint form via the telephone:**
 - (1) During normal business hours, Monday through Friday 8:00 a.m. to 5:00 p.m., excluding Federal holidays, contact the Police Receptionist at (928) 763-9200 and request to file a complaint form via the telephone. An appropriate department member will assist you by completing a complaint form over the telephone with you.
 - (2) During non-business hours, contact the 911 Communications Center at (928) 763-1999 and request to file a complaint form via the telephone. An appropriate department member will assist you with completing a complaint form over the telephone.

PLEASE NOTE: *The 911 Communications Center is the public safety answering point for all public safety calls in the area; Therefore, the Emergency Services Dispatcher will not be able to assist directly with completing a complaint form. They will locate the appropriate person to assist you. This may involve having a supervisor or other employee come to a telephone from their patrol duties and may take a few minutes or necessitate a return phone call, especially during busy times.*

- E. **Anonymous complaints:** Will be accepted in the same manner as any other complaint. No person will be denied access to or assistance in completing a complaint form because they refuse to provide their name at the time of the request.
- 4. While the complaint form is self-explanatory, any department member, except the front office receptionist and emergency services dispatchers, will help you if you have questions or need assistance in completing a complaint form.
- 5. The completed complaint form may be delivered in person or mailed to the Bullhead City Police Department at 1255 Marina Boulevard, Bullhead City, AZ 86442.
- 6. Once completed, the complaint form will be filed with the Office of Professional Standards (OPS) and an internal investigation will be conducted. You will be contacted by OPS when your complaint form has been received.
- 7. Each personnel complaint shall be classified with one of the following dispositions:
 - A. Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve department members. Complaints that are determined to be frivolous will fall within the classification of unfounded.
 - B. Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful and/or proper.
 - C. Not sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the member.
 - D. Sustained - When the investigation discloses sufficient evidence to establish that the act occurred and that it constituted misconduct.
- 8. If an investigation discloses misconduct or improper job performance that was not alleged in the original complaint, the investigator shall take appropriate action with regard to any additional allegations.
- 9. The complainant will be informed of the findings of the investigation and if corrective action was necessary and taken. The extent of any disciplinary action taken will not be discussed.

BULLHEAD CITY POLICE DEPARTMENT

Use of Force or Complaint Reception and Processing Worksheet Instruction Form for Non-Department Members

1. Please thoroughly complete Sections 2 through 6 as well as Section 9, if applicable. You may make this report anonymously; however, the notifications described below will not be made.
2. After you complete the form, you may return it in person or mail it to the address below:

Bullhead City Police Department
Office of Professional Standards
1255 Marina Boulevard
Bullhead City, AZ 86442
3. The supervisor of the Office of Professional Standards will notify you when your complaint form has been received.
4. You will be notified via mail of the final disposition of your complaint.
5. Should you have any questions regarding the complaint process that are not answered in the Citizen's Guide to the Complaint Process Fact Sheet, please contact the Office of Professional Standards Lieutenant at (928) 763-1045.

While it is not necessary that you maintain any information, the space below is provided to assist you in tracking your complaint.

- ☐ Complaint mailed to the Police Department on _____.
- ☐ Complaint delivered to _____ at the Police Department on _____.
- ☐ Received notification the complaint was received by the Officer of Professional Standards on _____.
- ☐ Received Notice of Disposition on _____.



Bullhead City Police Department
Use of Force or Complaint
Reception and Processing Worksheet

1. OPS CONTROL NUMBER

2. COMPLAINANT INFORMATION				
NAME	FIRST	M.I.	LAST	
HOME ADDRESS	STREET/P.O. BOX			
	CITY	STATE	ZIP CODE	HOME PHONE #
E-MAIL ADDRESS	E-MAIL ADDRESS			
3. NON-COMPLAINT USE OF FORCE REPORT		<input type="checkbox"/> SHOOTING INCIDENT	<input type="checkbox"/> PHYSICAL FORCE	<input type="checkbox"/> LEGAL INTERVENTION
4. SUBJECT ALLEGATION/REPORT (List Additional Subjects on Back)				
NAME	FIRST	M.I.	LAST	
LOCATION	DIVISION	JOB ASSIGNMENT		
ID#	DOB	← TO BE FILLED IN IF KNOWN		
5. DETAILS OF THE ALLEGATION				
ROUTE/STREET				
CITY/TOWN	COUNTY	DATE	TIME	DAY
TYPE OF ALLEGATION (CHECK ONE)	<input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> IMPROPER CONDUCT ON-DUTY			
	<input type="checkbox"/> VERBAL ABUSE <input type="checkbox"/> IMPROPER CONDUCT OFF-DUTY			
	<input type="checkbox"/> CRIMINAL CONDUCT <input type="checkbox"/> DISSATISFACTION WITH PERFORMANCE OF DUTY			
	<input type="checkbox"/> OTHER (PLEASE EXPLAIN)			
SYNOPSIS				
(Attach as many additional pages as necessary)				
6. I declare that the allegations contained in this complaint are true and that if an investigation proves these allegations to be knowingly false, I may be liable to both criminal and civil prosecution.				
<div>Date _____</div> <div style="text-align: right;">Signature _____</div> <div style="text-align: right;">Signature of parent/guardian (If you are under 18 years of age) _____</div>				
7. RECEPTION DATA				
DATE RECEIVED	TIME RECEIVED		LOCATION RECEIVED	
RECEIVED BY	NAME			ID#
8. OPR USE				
INVESTIGATOR	NAME			ID#
CONTROL NUMBER ISSUED BY	DATE ASSIGNED	FULL INVESTIGATION <input type="checkbox"/>	LIMITED INVESTIGATION <input type="checkbox"/>	

9. ADDITIONAL SUBJECTS OF ALLEGATION/REPORT			
NAME	FIRST	M.I.	LAST
LOCATION	DIVISION		JOB ASSIGNMENT
ID#	DOB		← TO BE COMPLETED IF KNOWN OR AVAILABLE
NAME	FIRST	M.I.	LAST
LOCATION	DIVISION		JOB ASSIGNMENT
ID#	DOB		← TO BE COMPLETED IF KNOWN OR AVAILABLE
NAME	FIRST	M.I.	LAST
LOCATION	DIVISION		JOB ASSIGNMENT
ID#	DOB		← TO BE COMPLETED IF KNOWN OR AVAILABLE

CONTINUATION OF SYNOPSIS			