Public Complaint Process:

A Message from the Chief of Police

It is part of the mission of the California State University, Northridge Police Department to deliver quality service to our community in an effective, responsive and professional manner. We welcome all comments from our community on the effectiveness of our services and the manner in which we deliver those services. We value your comments and encourage members of our community to take the time to compliment our officers and staff when they are particularly pleased with our service as well as notify us when those services are anything less than completely professional and helpful in nature. For minor complaints, we encourage you to speak directly with an employee’s immediate supervisor. For more serious complaints, or when for any reason you would prefer to write the complaint or have it documented, this "Public Complaint Form" may be utilized. You may mail or fax it to our Department or deliver it to any supervisory officer on duty. Submissions may also be anonymous.

The Department is committed to a fair, impartial review of all complaints regarding our procedures or the conduct of our employees. California Penal Code section 832.5 sets forth that all California law enforcement agencies shall develop a procedure to investigate complaints made by a member of the public against a peace officer. All complaints will be taken seriously and investigated thoroughly. Corrective action will be taken when warranted. State personnel law requires that the actual discipline remain confidential. Normally, all complaint investigations are completed within thirty (30) days of the receipt of the complaint. Complainants will be notified in any situation that requires investigation beyond a period of thirty days.

Employee misconduct by police department employees is defined as: the commission of a crime, the neglect of duty, a violation of the Department rules and regulations, operating policies and procedures and/or conduct which may tend to reflect unfavorably upon the employee or the Department.

If you wish to file a written complaint, please complete the form on the back of this page. You may add additional sheets of paper if you wish. If you file this complaint in person, you may simply ask for the supervisor on duty. If you wish to mail the complaint or fax it, please utilize the following contact information:

MAIL: California State University, Northridge Department of Police Services
       Attn: Alfredo Fernandez, Interim Chief of Police
       18111 Nordhoff Street, Northridge, CA. 91330-8282

FAX: (818) 677-5816

IN PERSON: California State University, Northridge Department of Police Services
           9222 Darby Avenue
           Northridge, CA. 91325

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Public Complaint Form

Name (First, Middle, Last): ___________________________ Home Phone Number: ___________________________

Business Phone Number: ___________________________

Address (Street, City, and Zip Code):
____________________________________________________________________________

Witness Name: ___________________________ Witness Address: ___________________________
Witness Phone Number: ___________________________
____________________________________________________________________________
Witness Name: ___________________________ Witness Address: ___________________________
Witness Phone Number: ___________________________

Employee(s) Involved (Name, Badge Number or Description):
____________________________________________________________________________

Date & time of occurrence:
____________________________________________________________________________

Location of occurrence:
____________________________________________________________________________

Description of event(s): Please state your complaint and any information that would help in investigating your complaint: (Please attach additional pages if necessary)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I attest that the above statement is true to the best of my knowledge.
Signature of Complainant:

For Department Use Only: (To be completed by Supervisor Receiving Form)

Department Supervisor Receiving Written Comments: ________________________________

Date Received: ___________________________ Time Received: ___________________________