

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 11

September 29, 2025

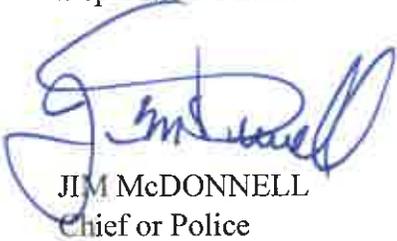
**SUBJECT: COMPLAINT STATISTICAL INFORMATION, FORM 01.19.00
– REVISED**

PURPOSE: The purpose of this Order is to revise the Complaint Statistical Information, Form 01.19.00. The form has been revised to reflect the addition of “Workplace Equity-Only Complaint” as an available disposition type in accordance with Department Manual Section 3/814, *Workplace Equity Complaints*. The disposition is used for complaints alleging Inequitable Conduct that have been determined to not constitute misconduct. Additionally, “Overtime Detail” has been added as an option to document the duty status of accused employee(s).

PROCEDURE: The Complaint Statistical Information form, Form 01.19.00, has been revised. It is attached with the revisions in italics.

FORM AVAILABILITY: The revised Complaint Statistical Information form, is attached for immediate use and duplication. Additionally, the form is available on the Department’s Local Area Network (LAN) in E-Forms. All other versions of this form are now obsolete and shall be disposed of in the Area/divisional recycling bin.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



JIM McDONNELL
Chief of Police

Attachment

DISTRIBUTION “D”

TO BE COMPLETED BY INTERNAL AFFAIRS DIVISION (Except Non-Disciplinary)

EMP
2

T. TOTAL NUMBER OF ALLEGATIONS: _____ EMPLOYEE NO. _____
 TOTAL NUMBER OF COUNTS: _____ (Last, First, MI)

U.		DISCIPLINARY										NON-DISCIPLINARY							ALTERNATE DISPO					DESCRIPTION	ASST ADJ		
ALLEGATION TYPE	COUNT	SUST	*S-NP	G	NG	NR	EXON	UNF	PP	NM	*DIFF	FALSE	NDE	ACR	MED	WEO	OJR	IETA	WCOP	OOS	DUP	CONSL		BWV	DICV	OTHER	
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					

V. Appeal: Civil Service Hearing, Admin. Appeal, Settlement, Opted BOR, Liberty Hearing

W. Type of Penalty: BOR Division Dept. Civil Service Hearing

X. Penalty: Admonishment Demotion to Rank: _____ Inactive (RSOF) Days: _____ Suspension - Length of Penalty: _____ Termination - Effective Date: _____ (Discharged, Removed, Termination on Probation)

Y. Alcohol Involved: Yes No

Z. Non-Punitive Action: Training Counseled by Supervisor Referral

*SUST-NP Training Comment Card Counseled by Supervisor NTC Referral

*DIFFERENT Training Comment Card Counseled by Supervisor NTC Referral

BB. Criminal Filing: Yes No

Declined to Review Case Not Submitted Filed with DA Filed with CA Hearing CA Rejected Pending Referral to CA

AA. Employee Arrested Yes No

Detained Booked Msd. Booked Felony

* Non-Punitive Action (Z) must be selected for S-NP/No Penalty or DIFF

TO BE COMPLETED BY INTERNAL AFFAIRS DIVISION (Except Non-Disciplinary)

EMP
3

T. TOTAL NUMBER OF ALLEGATIONS: _____ EMPLOYEE NO. _____
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ALLEGATION TYPE	COUNT	SUST	*S-NP	G	NG	NR	EXON	UNF	PP	NM	*DIFF	FALSE	NDE	ACR	MED	WEO	OJR	IETA	WCOP	OOS	DUP	CONSL		BWV	DICV	OTHER	
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
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