



SANTA CLARA COUNTY SHERIFF'S DEPARTMENT

RECORDS UNIT - REPORT REQUEST FORM

HEADQUARTERS 55 WEST YOUNGER AVENUE SAN JOSE, CALIFORNIA 95110 (408)808-4716 / 4700 (408)808-4730 FAX	WESTSIDE SUBSTATION 1601 SOUTH DEANZA BOULEVARD CUPERTINO, CALIFORNIA 95014 (408)868-6600	SOUTH COUNTY SUBSTATION 80 WEST HIGHLAND AVENUE, BUILDING K SAN MARTIN, CA 95046 (408) 686-3650
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Section 6254(f) of the California Government Code governs disclosure of records of complaints and investigations conducted by the Sheriff's Department. These records will not be disclosed if the Sheriff's Department determines the disclosure would endanger the safety of a witness or other person involved in the investigation or if its disclosure will endanger the successful completion of the investigation or a related investigation. In addition, if records are disclosed pursuant to section 6254(f), some information contained within these records may be protected by state and federal laws and will not be released. Response to your request will be within **10 days**. A delay in processing your request may occur if; incomplete or illegible; and/or if juveniles are involved. You will be notified by telephone of any fees. Cash, checks and money orders with proper ID will be accepted.

TODAY'S DATE		REPORT / CASE NUMBER			
<input type="checkbox"/> VICTIM	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OTHER	<input type="checkbox"/> PARENT OF VICTIM UNDER 18 YRS Name of Juv. _____	<input type="checkbox"/> AUTHORIZED REP <i>attach business card</i>	<input type="checkbox"/> ATTORNEY <i>attach business card</i>
PERSON REPRESENTED _____					
YOUR NAME					
ADDRESS					
CITY / STATE / ZIP					
PHONE NUMBER					
TYPE OF INCIDENT		DATE OF INCIDENT		LOCATION OF INCIDENT	
REASON REQUESTED (OPTIONAL)					
SPECIAL REQUEST / COMMENTS (OPTIONAL)					
<i>ITEM NEEDED</i>					
REPORT <input type="checkbox"/>		PICK UP <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER: _____			
<i>I certify these statements are true. The information requested will not be used maliciously or uselessly to harass, degrade or humiliate any person.</i>					
SIGNATURE					DATE
SHERIFF'S OFFICE USE ONLY					
RECEIVED BY - BADGE #		ID VERIFIED <input type="checkbox"/> YES		REQUESTOR'S DOB	
<i>INVESTIGATIONS</i>					
APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE			DATE
DENIAL REASON <input type="checkbox"/> GC6254(f) <input type="checkbox"/> FAM Code 6228 <input type="checkbox"/> PC11167.5 - Child Abuse <input type="checkbox"/> WI15633 - Elder/Dependent Adult Abuse <input type="checkbox"/> WI827 - TNG Order - Juvenile <input type="checkbox"/> Refer to DA <input type="checkbox"/> OTHER (COMMENT BELOW)					
COMMENTS					
<i>RECORDS</i>					
DATE DUE	RESTRICTED <input type="checkbox"/> YES <input type="checkbox"/> NO JUV COURT NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE TO INVESTIGATIONS FOR REVIEW	DATE RET'D FROM INVESTIGATIONS REVIEW	
COMMENTS					
COMMENTS CONT.					REDACTED BY - BADGE#
REDACTED PERSONAL INFO OF: <input type="checkbox"/> VIC <input type="checkbox"/> SUS <input type="checkbox"/> RP <input type="checkbox"/> OTH <input type="checkbox"/> WIT <input type="checkbox"/> JUV <input type="checkbox"/> NONE			NO. PAGES RELEASED	AMOUNT DUE \$	
RELEASED BY - BADGE		<input type="checkbox"/> FRONT/BACK COUNTER PICK UP <input type="checkbox"/> MAILED/EMAILED <input type="checkbox"/> ADVISED BY PHONE _____		DATE	