



KERN HIGH SCHOOL DISTRICT

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5801 SUNDALE AVENUE • BAKERSFIELD • CALIFORNIA • 93309-2924 • (661) 827-3100 • FAX: (661) 827-3307

The Kern High School District Police Department is dedicated to serving the public with honesty, integrity and transparency. All KHSD Police Officers are thoroughly trained and undergo an extensive background process before starting work as a KHSD Police Officer. High standards of performance are rigidly enforced. However, deviations from ideal performance can occur. All allegations of officer misconduct are objectively and thoroughly investigated and appropriate measures are taken in order to maintain the Department's high standards of professionalism.

Any person may bring a complaint against any member of the KHSD Police Department. Complaints may be made via mail, email, telephone or in person. Complaints may also be made anonymously.

How to File a Complaint

Any person wishing to file a complaint in person or mail may contact the KHSD police at:

KHSD Police Department
Office of Pupil Personnel
5801 Sundale Ave.
Bakersfield, CA 93309

Persons wishing to file a complaint by telephone should call the Acting Chief of Police at:

(661) 827-3219

Persons wishing to file a complaint via email should contact the Acting Chief of Police at:

ed_komin@kernhigh.org

In order to obtain the necessary information to properly investigate the complaint, complainants will be asked to complete the KHSD Police Personnel Complaint form.

Once a complaint is received, the complaint will be reviewed by the Acting Chief of Police and assigned for investigation. Upon completion, the case will be referred to the Acting Chief of Police for final disposition and appropriate action. The complaining party will then be notified that the investigation is completed and will be notified in writing of the final disposition of the allegations (Sustained, Not Sustained, Unfounded or Exonerated). Further specifics, such as the nature of any disciplinary action that may or may not be taken, cannot be divulged.



KERN HIGH SCHOOL DISTRICT POLICE DEPARTMENT PERSONNEL COMPLAINT FORM

Reporting Party Name (Last, First, MI)		
Address		City/State/Zip
Contact Phone	Alternate Phone	Email Address
DOB	Date Time of Incident	Location of Incident
Name of Supervisor/Administrator Contacted (if any)		
If Delay in Reporting-Explain Reason		
List any evidence (Video, Photographs Etc.)		
Witness Name	Address/City/Zip	Phone
Witness Name	Address/City/Zip	Phone
Witness Name	Address/City/Zip	Phone
Please describe the circumstances giving rise to your complaint. Attach additional pages as necessary		
Signature		Date