



## AUBURN CITY FIRE DEPARTMENT

Mark D' Ambrogi  
Fire Chief  
Phone (530) 823-4211 x 172  
FAX (530) 823-4512

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The Auburn City Fire Department strives to provide a professional and courteous level of service to all those we serve.

In order to assist our organization in providing this service, we invite your suggestions for improvement. This includes your concerns and comments pertaining to any service we provide to the community by way of our personnel performance, procedures, and actions. We welcome any dissatisfactions as well as commendable actions you have with our organization.

Any citizen may make a report at anytime. If you wish to make a personal report, you may visit our administrative office located at City Hall; 1225 Lincoln Way Room #7, Auburn, or call (530) 823-4211 extension 172. You may also complete a written report using the attached form and either mail or deliver to City Hall; attention Fire Chief. Please provide as much detailed information as possible and provide the necessary contact information. Any information you provide will be kept confidential at your request.

Each report received will be thoroughly reviewed and investigated; appropriate action will be taken. You will be informed of the completed investigation at your request. Any suggestions or comments regarding department procedures will be evaluated and implemented whenever feasible to do so and according to policy and procedure.

You may at anytime contact the Fire Chief to express any matters you have regarding the fire services in the City of Auburn without filing a report. Our organization welcomes your input to better the community in which we all live and work in.

Respectfully,

*Mark D' Ambrogi*  
Fire Chief

### *The Auburn City Fire Department Mission Statement*

*The Auburn City Fire Department, with dedication and tradition for over 150 years, continues to strive professionally and efficiently to respond to emergencies and calls of need, to provide public education, promote prevention, and protect the lives and property of all those we serve with pride and honor.*

**1225 Lincoln Way Room #7, Auburn, CA 95603**



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**Citizen's Report**

You have the right to make a complaint against any City of Auburn fire department personnel for any improper conduct or behavior. This agency will investigate any and all complaints according to standards and procedures. This agency may find, after investigation, that there is not enough evidence to warrant action on your complaint; even if that is the case, you have the right to make the complaint and have it investigated. Complaints on individual personnel will follow California State Law, including advising the individual of the complaint and of the investigation procedure. Reports and complaints will be retained by this agency according to California State Law pertaining to records retention.

I have read and understand the above: \_\_\_\_\_  
*Signature of Individual Completing Report*

*I affirm that I have read the above information and that the statements contained herein this report are, to the best of my knowledge, factual and accurate.*

\_\_\_\_\_  
*Signature of Individual Completing Report  
(If under 18, parent or guardian)*

\_\_\_\_\_  
*Date*

**For Office Use**

Report Received By: _____	Date: _____
Fire Chief Review: _____	Date: _____
Assigned To: _____	Date: _____
Copy to RP Provided By: _____	Date: _____

**Citizen's Report**  
*PLEASE TYPE OR PRINT*

Name of Reporting Person: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Situation (i.e. emergency incident, public event, special event, etc.):  
\_\_\_\_\_

**Fire Department Personnel Involved (information if known):**

*Please provide as much information as possible pertaining to any fire department personnel involvement*

Name: \_\_\_\_\_ Rank/Badge #: \_\_\_\_\_

Name: \_\_\_\_\_ Rank/Badge #: \_\_\_\_\_

Name: \_\_\_\_\_ Rank/Badge #: \_\_\_\_\_

**Witness Information:**

*Please provide as much information as possible regarding any individual(s) that may have knowledge of the event*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vehicle Information:**

*If a Fire Department vehicle was involved in this event, please provide as much detailed information as possible*

License Plate or Other ID Number: \_\_\_\_\_

Brief Description of Vehicle: \_\_\_\_\_

**Citizen's Report**  
*PLEASE TYPE OR PRINT*  
(Continued)

In the space below, please state the nature of opinion, complaint, suggestion, or commendation, and provide as much detail as possible (use additional sheets as necessary):

I hereby affirm that the statements contained herein are, to the best of my knowledge, factual and accurate.

\_\_\_\_\_  
*Signature of Individual Completing Report*  
*(If under 18, parent or guardian)*

\_\_\_\_\_  
*Date*