Stanford University Department of Public Safety 233 Bonair Siding, Stanford, CA 94305-7240 (650) 723-9633

Employee Complaint

Type of Incident:			
Location of Incident:			
Incident Occurred - Date:	Time:	AM / PM (circle one) Badge Number:	
Name of Employee (if known):			
* Description of Employee:			
Sex: Race: Height: _	Weight: _	Hair:	Eyes:
Type / Color of Uniform:			
Other Description:			
* Complainant's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Daytime telephone number: ()			
* Witness' Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Daytime telephone number: ()			
* Witness' Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Daytime telephone number: ()			

^{*} If more that one page is needed, please photocopy desired number and continue.

What Occurred: Indicate what you were doing at the time of the incident. Describe, to the best of your recollection, what was said and done. Please do not speculate or guess if you do not remember. Your complaint will be reviewed and investigated in a fair and impartial manner.				
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Read and Sign each page	* If more that one page is r	needed, please photocopy o	lesired number and continue.	
California Penal Code § 148.6				
You have the right to make a compla	•	•		
conduct. California law requires this You have the right to a written descri	•	•		
there is not enough evidence to warr				
right to make the complaint and to ha	ave it investigated if yo	u believe an emplo	yee behaved improperly.	
Employee complaints and reports of least five years.	findings related to com	nplaints must be re	tained by this agency for at	
It is against the law to make a compl employee knowing that it is false, you	_	_		
Signature of Complainant		Date		
Name of officer receiving complaint				
name of officer receiving complaint	CJIC#	Date	ı ııı l e	

Name of officer receiving complaint (SUDPS Form CC01: Rev. 2/21)