

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: _____

Name of Employee (if known): _____ Badge Number: _____

*** 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: _____ Email: _____

* Witness' Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Daytime telephone number: _____ Email: _____

* Witness' Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Daytime telephone number: _____ Email: _____

* If more than 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.

Read and Sign each page

* If more than one page is needed, please photocopy desired number and continue.

Signature of Complainant

Date

Name of officer receiving complaint
(SUDPS Form CC01: Rev. 1/23)

CJIC #

Date

Time