

**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.

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**Read and Sign each page**

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

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**Signature of Complainant**

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**Date**

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

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**CJIC #**

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**Date**

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**Time**