## 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:			

 $<sup>\</sup>ensuremath{^{\star}}$  If more that one page is needed, please photocopy desired number and continue.

What Occurred: Indicate what you were doing Please do not speculate or guess if you do not remember	at the time of the incident. Desc	ribe, to the best of your recolle	ection, what was said and done.
lease do not speculate of guess if you do not remembe	er. Tour complaint will be review	eu anu mvestigateu m a iam an	u impartial manner.
Read and Sign each page	* If more that one page is	needed, please photocopy des	ired number and continue.
Signature of Complainant		Date	
Name of officer receiving complaint	CJIC #	 Date	