RACIAL PROFILING COMPLAINT FORM

INSTRUCTIONS

Please complete this form being as thorough as possible. Each incident in question must be completed on separate forms. You cannot use one form to complain about multiple incidents. All properly filed complaints will be answered in writing. Please allow 30 days to receive an answer to your complaint. If you are complaining about an incident that is under investigation, is pending hearing or trial in any court, you will only receive a notice stating, *Under Investigation*.

DEFINITIONS

Racial Profiling: A law enforcement-initiated action based on an individual's race, ethnicity, or national origin rather than on the individual's behavior or on information identifying the individual as having engaged in criminal activity.

Race or Ethnicity: Of a particular descent, including Caucasian, African, Hispanic, Asian or Native American descent.

Acts of Racial Profiling: Racial profiling pertains to persons who are viewed as suspects or potential suspects of criminal behavior.

The term is not relevant as it pertains to witnesses, complainants or other citizen contacts.

Name:			1		/
	Last			First	MI
Gender:	Race/Ethnicity:	Date of Birth: MM		iver's License #:	Lic St:
Address:	Street		City		St ZI
Геlephone: ()Home		Work		Cell (optional)
E-Mail (optional):			_ Pager # (optional): (_)	
HSC Employee:		(Departm	ent) HS	C Visitor	
HSC Student: _		(Edu Pro	gram) Oth	er:	
HSC Patient		(Clii-/D			
		(Clinic/D	octor)		
		(Clinic/D	octor)		
INCIDENT IN QU	ESTION		dent:	am	pm
INCIDENT IN QU Date of Incident:	<u> </u>			am	pm
INCIDENT IN QU Date of Incident: Name of Person	<u> </u>	Time of Inci		am	pm /
INCIDENT IN QU Date of Incident: _ Name of Person Affected by Inciden	ESTION / / / MM DD YY	Time of Inci	dent:	First	/
INCIDENT IN QU Date of Incident: _ Name of Person Affected by Inciden Gender:	ESTION // MM DD YY nt (or, Same as above): _	Time of Inci Last Date of Birth: MN	dent:	First er's License #:	/
INCIDENT IN QU Date of Incident: _ Name of Person Affected by Incider Gender:	MM DD YY nt (or, Same as above):Race/Ethnicity:	Last Date of Birth: MN rson Affected Co-W	dent:/	First er's License #: ent Other:	/

WITNESSES WHO HAVE DIRECT KNOWLEDGE OF THE INCIDENT IN QUESTION (or, None) Name: _ Last First MI _ Driver's License #: ___ Gender: _____ Race/Ethnicity: ___ __ Date of Birth: Address: City Street ZIP Home Cell (optional) Pager # (optional): (_ E-Mail (optional): Last First ΜI Driver's License #: ___ Gender: _____ Race/Ethnicity: ___ _ Date of Birth: City Street Telephone: (___ Home Work _ Pager # (optional): (___ E-Mail (optional): ___ PEACE OFFICER/S ALLEGED TO HAVE ENGAGED IN RACIAL PROFILING REGARDING THE INCIDENT IN QUESTION Gender: _____Race/Ethnicity:___ If unknown, please describe (gender, race/ethnicity, ht, wt, hair color, eye color, approx age, rank, etc.): _____ Gender: _____Race/Ethnicity:____ If unknown, please describe (gender, race/ethnicity, ht, wt, hair color, eye color, approx age, rank, etc.): ____ Gender: Race/Ethnicity: If unknown, please describe (gender, race/ethnicity, ht, wt, hair color, eye color, approx age, rank, etc.): ______

Please write a brief narrative of your complaint in the space provided. Be specific as to why you believe the person directly affected by the incident was the recipient of racial profiling. You must be specific as to the nature of your complaint (attach additional sheets, if necessary).

REPORT NARRATIVE ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PURGERY, FALSE REPORT OR CIVIL STATUTES. UNDER PENALTY OF PURGERY, THE UNDERSIGNED SWEARS THAT THE FACTS CONTAINED ON ALL PAGES AND ALL ATTACHMENTS OF THIS DOCUMENT, ARE WRITTEN WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT. Signature of Complainant _____who, on their oath, stated the above facts were true and correct. Notary Public in and for Tarrant County, Texas