

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.

PERSON MAKING COMPLAINT

Name: _____ / _____ / _____
Last First MI

Gender: _____ Race/Ethnicity: _____ Date of Birth: _____ / _____ / _____ Driver's License #: _____ Lic St: _____
MM DD YY

Address: _____ / _____ / _____ / _____
Street City St ZIP

Telephone: (_____) _____ / (_____) _____ / (_____) _____
Home Work Cell (optional)

E-Mail (optional): _____ Pager # (optional): (_____) _____

HSC Employee: _____ (Department) HSC Visitor

HSC Student: _____ (Edu Program) Other: _____

HSC Patient: _____ (Clinic/Doctor)

INCIDENT IN QUESTION

Date of Incident: _____ / _____ / _____ Time of Incident: _____ am pm
MM DD YY

Name of Person

Affected by Incident (or, Same as above): _____ / _____ / _____
Last First MI

Gender: _____ Race/Ethnicity: _____ Date of Birth: _____ / _____ / _____ Driver's License #: _____ Lic St: _____
MM DD YY

Standing of Person Making Complaint: Person Affected Co-Worker Fellow Student Other: _____

Disposition or How Person Was Affected by Incident: Arrested Received Citation Given Oral or Written Notice to Leave
Injured Questioned & Released Other: _____

WITNESSES WHO HAVE DIRECT KNOWLEDGE OF THE INCIDENT IN QUESTION (or, None)

Name: _____ / _____ / _____
Last First MI

Gender: _____ Race/Ethnicity: _____ Date of Birth: _____ / _____ / _____ Driver's License #: _____ Lic St: _____
MM DD YY

Address: _____ / _____ / _____ / _____
Street City St ZIP

Telephone: (_____) _____ / (_____) _____ / (_____) _____
Home Work Cell (optional)

E-Mail (optional): _____ Pager # (optional): (_____) _____



Name: _____ / _____ / _____
Last First MI

Gender: _____ Race/Ethnicity: _____ Date of Birth: _____ / _____ / _____ Driver's License #: _____ Lic St: _____
MM DD YY

Address: _____ / _____ / _____ / _____
Street City St ZIP

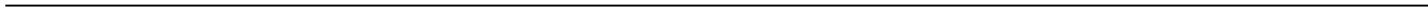
Telephone: (_____) _____ / (_____) _____ / (_____) _____
Home Work Cell (optional)

E-Mail (optional): _____ Pager # (optional): (_____) _____

PEACE OFFICER/S ALLEGED TO HAVE ENGAGED IN RACIAL PROFILING REGARDING THE INCIDENT IN QUESTION

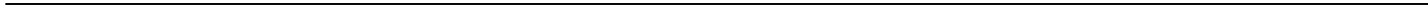
Name: _____ Gender: _____ Race/Ethnicity: _____

If unknown, please describe (gender, race/ethnicity, ht, wt, hair color, eye color, approx age, rank, etc.): _____



Name: _____ Gender: _____ Race/Ethnicity: _____

If unknown, please describe (gender, race/ethnicity, ht, wt, hair color, eye color, approx age, rank, etc.): _____



Name: _____ Gender: _____ Race/Ethnicity: _____

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