

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: _____ AM / PM (circle one)

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: (____) _____

* Witness' Name: _____ Date of Birth: _____

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

Daytime telephone number: (____) _____

* Witness' Name: _____ Date of Birth: _____

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

Daytime telephone number: (____) _____

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

