



Stockton Unified School District
 Department of Public Safety
 640 North San Joaquin Street
 Stockton, CA 95202 • 209-933-7085

Citizen Complaint Form & Report (Rev. 2/17)

Personal Information

NAME		
ADDRESS		
CELL PHONE	HOME PHONE	BUSINESS PHONE
OFFICER/EMPLOYEE INVOLVED (NAME)	ID #	CASE #

Incident Information

DATE / TIME OF INCIDENT	LOCATION OF INCIDENT
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Witness Information

NAME	ADDRESS	PHONE NUMBER
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Are you alleging racial or identity profiling in this complaint? Yes No (please circle one)
If you circled yes, please check the specific type(s) of profiling alleged:

Race or Ethnicity (including color)	Gender	Nationality	Age	Religion	Gender Identity or Expression	Sexual Orientation	Mental Disability	Physical Disability

SIGNATURE OF COMPLAINANT	Date	Time
SUSD PD EMPLOYEE RECEIVING COMPLAINT (PRINT NAME/ID #)	Date	Time



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Incident Details

Please describe your complaint with as much detail as possible. Include names, times, locations, witnesses, and any other information which would help in investigating your complaint. If the employee name(s) are, unknown describe what the employee(s) looked like.

SIGNATURE OF COMPLAINANT	Date	Time
SUSD PD EMPLOYEE RECEIVING COMPLAINT (PRINT NAME/ID #)	Date	Time