



SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

CITIZEN COMPLAINT

P#	DATE FILED
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REPORTING PERSON

NAME (LAST, FIRST, MIDDLE)	PHONE NO.	DOB
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		
BUSINESS ADDRESS (CITY, STATE, ZIP CODE)		

PERSONS INVOLVED (IF OTHER THAN ABOVE)

NAME (LAST, FIRST, MIDDLE)	DOB
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)	
BUSINESS ADDRESS (CITY, STATE, ZIP CODE)	

DAY AND DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
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WITNESSES

NAME	ADDRESS	PHONE NO.

IF WITNESSES ARE NOT KNOWN, GIVE THEIR DESCRIPTION

NAME OR DESCRIPTION OF EMPLOYEE(S) INVOLVED

NAME	BADGE OR ID NO.	PHYSICAL DESCRIPTION

PERSON(S) ARRESTED

NAME	ADDRESS	PHONE NO.

RACIAL OR IDENTITY PROFILING PC 13519.4(e)

Do you believe you were stopped, arrested, searched, or detained by law enforcement based, at least in part, on your race or ethnicity (including color), nationality/national origin, gender, age, religion, gender expression, sexual orientation, mental disability, or physical disability? Yes No

If yes, what specific type of racial or identity profiling do you allege? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Race or Ethnicity (Including Color) | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Nationality/National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Physical Disability |

SUMMARY OF COMPLAINT

SIGNATURE OF REPORTING PERSON	SIGNATURE OF PARENT OR GUARDIAN (IF COMPLAINANT IS UNDER 18 YEARS)
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PERSON RECEIVING COMPLAINT	EMPLOYEE ID NO.	BUSINESS TELEPHONE NO.
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