

SAN SABA POLICE DEPARTMENT 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

<u>Racial Profiling</u>: 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. <u>Race or Ethnicity</u>: Of a particular descent, including Caucasian, African, Hispanic, Asian or Native American descent. <u>Acts of Racial Profiling</u>: 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: | Last | // | First | | / MI |
|---|-------------------|-------------------------|--------------------|-----------------------|---------------|
| Gender: Race/H | Ethnicity:Date | e of Birth://///// | Driver's License # | : | Lic St: |
| | | MM DD | | , | , |
| Address: | Street | / | City | / | / ZIP |
| Telephone: () | / Home | _()Work | /_(| _) Cell (optional) | |
| E-Mail (optional): | | | | | |
| INCIDENT IN QUE | STION: | | | | |
| Date of Incident: | | Time of Incident: | | | am pm |
| Name of Person Affected by Incident (o | r,Same as above): | Tart | | T :4 | / |
| Gender:Race/E | thnicity:Date o | Last of Birth:// | | First | MI Lic St: |

PERSON MAKING COMPLAINT

| WITNESSES | WHO HAVE DIREC | <u>T KNOWLEDG</u> | E OF THE INC | CIDENT IN QUES | <u>STION (</u> or, | None) |
|-----------------|---------------------------|----------------------|----------------------|----------------------|--------------------|----------|
| Name: | | | / | | | |
| | Last | | | First | | MI |
| Gender: | Race/Ethnicity: | Date of Birth: | :/// | Driver's License | #: | Lic St: |
| Address: | | // | | | /St | / |
| | Street | | C | lity | St | ZIP |
| Telephone: (|) Home | /_(| _) | /_(|) | |
| | nome | | | | | |
| Name: | Last | | / | First | | / |
| Condom | | Data of Pirth. | | Duivou's Licon | so #• | I in Ste |
| | Race/Ethnicity: | Date of Birth. | ·///// | YY Driver's Licen | sc #: | Lie St |
| Address: | Street | // | Ci | ity | / | /ZIF |
| Telephone: (| Street | /_(| _) | /_(|)Call (an | tional) |
| | ΈR/S ALLEGED ΤΟ Η | | | | | |
| Name: | | | | Gender: | Race/Eth | nnicity: |
| | ease describe (gender, ra | | | | | |
| | | | | | | |
| If unknown, ple | ease describe (gender, ra | ce/ethnicity, ht, wt | t, hair color, eye c | olor, approx age, ra | nk, etc.): | |
| | ••••• | | | | | |
| | | | | | | |
| If unknown, ple | ease describe (gender, ra | ce/ethnicity, ht, wt | t, hair color, eye c | olor, approx age, ra | nk, 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

On this ______, 20____, personally appeared ______ who, on their oath, stated the above facts were true and correct.

Notary Public in and for San Saba County, Texas