SANTA FE POLICE DEPARTMENT BIAS-BASED PROFILING COMPLAINT FORM

Name:					
Print			Sign		
Address:	Street	City	y State	Zip code	
Telephone: _	Cell	Home	Work		
Date of incide	ent:	Time: Location	1:		
Officer(s) inv	volved (provide descri	ption if names not know	/n):		
Witness name	e(s) and contact inform	mation:			
Action taken Quest Cited Arres	ioned and released				
I believe that	I was subjected to bia	as-based profiling based	on my: (check all th	nat apply)	
□ Race Language	□ Ethnicity		□ National origin		
□ Gender	Gender identity	□ Sexual orientation	Political affiliation	on	
□ Religion	□ Physical or mental condition		□ Other:		
		anta Fe Police Departme vith me as follows: (on t			

profiling in his/her/their dealings with me as follows: (on the backside of this page or on a separate page(s), describe in detail the interaction that you had with the officer(s), beginning with what you were doing just prior to the officer(s) making contact with you and what each officer did and said to you)

Employee accepting complaint form