SANTA FE POLICE DEPARTMENT
BIAS-BASED PROFILING
COMPLAINT FORM

Name: ______________________________  ______________________________
Print  Sign

Address: _____________________________  _____________________________
Street                                                        City
State                                                        Zip code

Telephone: ___________________  ____________________  ____________________
Cell                                                        Home                                                        Work

Date of incident: _____________  Time: ______  Location: ______________________

Officer(s) involved (provide description if names not known):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witness name(s) and contact information:
________________________________________________________________________
________________________________________________________________________

Action taken against me:
☐ Questioned and released
☐ Cited
☐ Arrested

I believe that I was subjected to bias-based profiling based on my: (check all that apply)
☐ Race  ☐ Ethnicity  ☐ Color  ☐ National origin
Language
☐ Gender  ☐ Gender identity  ☐ Sexual orientation  ☐ Political affiliation

☐ Religion  ☐ Physical or mental condition  ☐ Other: _______________________

I believe that an officer(s) of the Santa Fe Police Department relied on biased-based 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  Date