



Exeter Police Department

100 N. C Street
Exeter, CA 93221
(559) 592-3103

John Hall
Chief of Police

PERSONNEL COMPLAINT INVESTIGATION FORM

Report Date: _____ Time: _____ Occurred Date: _____ Time: _____

Reporting Person: _____ Date of Birth: _____

Address: _____ Phone: _____

Business: _____ Phone: _____

Witness(es)	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Employee(s) Complained Against: _____

Complaint (use additional sheets if necessary)

I declare under penalty of perjury that the foregoing is true and correct.

Complainant Signature

Date

****If this complaint alleges any profiling please complete the back side****



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Does your complaint allege any of the following forms of profiling? (check all that apply)

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

Explain: _____

I declare under penalty of perjury that the foregoing is true and correct.

Complainant Signature

Date