

SAN JOSE STATE UNIVERSITY POLICE DEPARTMENT

One Washington Square, San Jose CA 95192 (408) 924-2222

PERSONNEL COMPLAINT FORM

Please Print:

COMPLAINANT NAME : _____

ADDRESS: _____

TELEPHONE: (HOME) _____ (WORK) _____

TYPE OF COMPLAINT: _____

LOCATION OF OCCURRENCE: _____

DATE AND TIME OF OCCURRENCE: _____

SJSUPD PERSONNEL INVOLVED: _____

WITNESSES: (LIST NAMES/ADDRESSES/TELEPHONE NUMBERS): _____

DETAILS OF COMPLAINT (USE BACK OF FORM IF NEEDED): _____



DETAILS OF COMPLAINT (CONT'D):
