



## PUBLIC SAFETY COMMUNITY REPORT

This form should be used exclusively to report issues related to the Department of Public Safety. Upon completion of this form, you may either email it to [cory\\_nomura@redlands.edu](mailto:cory_nomura@redlands.edu) or mail it to: University of Redlands, Attn: Senior Vice President, Finance and Administration, 1200 E. Colton Ave, Suite 302, Redlands, CA 92373. It is suggested that you make a copy and keep it for your records.

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>City/State/Zip:</b>
<b>Email:</b>	<b>Alternate contact #</b>
<b>Date of incident:</b>	<b>Time of incident:</b>
<b>Location of Incident:</b>	<b>Nature of incident:</b>

Name of employee(s) involved <i>(if known)</i>	Name, address, and telephone number of witness(es) <i>(if known)</i>
1.	1.
2.	2.
3.	3.
4.	4.

**STATEMENT OF ALLEGATION:** (Please describe in your own words what occurred, including all incidents leading up to your allegation(s).)

If additional space is needed, please continue on second page

*You have the right to make a complaint against employee(s) of the Department of Public Safety for improper conduct. I hereby request that an investigation be initiated. My signature below verifies that the above facts are true and correct to the best of my knowledge. If signing electronically, my electronic signature has the same validity and meaning as my handwritten signature. I will not repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.*

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE OF FINANCE AND ADMINISTRATION USE ONLY

**Date and time received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Investigated by:** *(report attached)* \_\_\_\_\_

**Date reply sent to complainant** \_\_\_\_\_

**Allegations (continued)**