



WILLIAMS COLLEGE CAMPUS SAFETY & SECURITY COMPLAINT OF MISCONDUCT

This form is available to all members of the college community and public who wish to report or make a complaint against the Campus Safety & Security department and/or any of its employees. Fill the form out with as much detailed information as possible. Please print legibly. Envelopes are available and may be sealed to insure confidentiality. All sealed envelopes will be forwarded to the Director of Campus Safety & Security. You may request to speak with a member of the department to assist you. Any complaints made to any member of the department will also be forwarded to the Director of Campus Safety & Security. All complaints of misconduct will be investigated to ensure the integrity and professionalism of the department's operations and personnel.

DATE REPORTED:	TIME REPORTED:		
REPORTED BY – NAME:		ADDRESS:	
PHONE # – PRIMARY:	PHONE # – ALTERNATE:	EMAIL OR OTHER CONTACT INFO:	

WITNESSES:

COMPLAINANT – DEMOGRAPHIC INFORMATION (OPTIONAL): GENDER: _____ AGE: _____

ETHNICITY, NATIONAL ORIGIN OR PROTECTED CLASS STATUS: ASIAN BLACK HISPANIC MIDDLE EASTERN

NATIVE AMERICAN PACIFIC ISLANDER WHITE GLBT OTHER: _____

(FOR STATISTICAL PURPOSES ONLY)

EMPLOYEE NAME:	EMPLOYEE ID #:	EMPLOYEE'S SUPERVISOR:
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DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF INCIDENT:
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DETAILS OF THE COMPLAINT: (Please be specific)

SIGNATURE: _____ **DATE:** _____

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