# COMPLAINT ALLEGATION OF RACIAL OR OTHER BIASED-BASED POLICING

Kansas Bureau of Investigation 1620 SW Tyler, Topeka, KS 66612 Ph: 785.296.8200 Fax: 785.296.0915 www.kansas.gov/kbi

#### To Be Completed by KBI Staff:

Racial Profiling Complaint Control Number

Date and Time Complaint Received

Pursuant to K.S.A. 22-4604, et seq.

It is unlawful in Kansas for law enforcement officers to use racial or other biased-based policing in determining the basis for a stop, arrest or search. "Racial or other biased-based policing" means the unreasonable use of race, ethnicity, national origin, gender or religion by a law enforcement officer in deciding to initiate an enforcement action. It is not racial or other biased-based policing when race, ethnicity, national origin, gender or religion is used in combination with other identifying factors as part of a specific individual description to initiate an enforcement action.

In accordance with K.S.A. 22-4611, any person who believes such person has been subjected to racial or other biased-based policing by a law enforcement officer may file a complaint with the law enforcement agency involved. Law enforcement agencies need to know about potential problems, have procedures in place to investigate misconduct complaints against officers, and have the authority to discipline the officers.

Citizens may also file a complaint with the office of the Attorney General on this form. Pursuant to law, the Attorney General's office will review the complaint and can refer appropriate cases to the Kansas Commission on Peace Officers Standards and Training (CPOST), which is the licensing agency for law enforcement officers. CPOST may then do further review, investigate and take appropriate action based on the complaint. To further any investigation, it will be necessary to provide the law enforcement officer and agency with a copy of your complaint. If you are under 18 years of age, a parent or guardian may file for you.

This process will not determine the lawfulness of an arrest or citation. Guilt or innocence of a criminal or traffic charge, or liability for violating rights, is determined in separate court proceedings. You will need to contact a private attorney on these matters.

Please fill out this form completely. Please include specific actions and statements and avoid conclusions in describing any allegations of misconduct.

Please complete the form and submit it to:

Kansas Bureau of Investigation Special Agent in Charge, Office of Professional Standards 1620 SW Tyler Street Topeka, Kansas 66612-1837

Fax: 785.296.0915

### **Complainant Information:**

Name:	,		
Last		First	Middle Initial
Address:	City:	State	e:Zip:
Phone 1: ( )	Phone 2: ( )	<del></del>	
Cell: ( )	E-mail Address:		
Incident informati	on:		
Day:	Date:T	ime: AM	( )PM( )
Location:	da a a a a da a da a da a da a	-96	
(Add	dress or other location,	city, county and sta	ate)
Witnesses to this	incident (If kno	own):	
Name:	Address:_		
Phone:	E-Mail:		
Name:	Address:_		
Phone:	E-Mail:		
Name:	Address:_		
Phone:	E-Mail:		
Name:	Address:_		
Phone:	E-Mail:		
Law Enforcement	Officer(s) invo	olved in this i	ncident:
Name:		Badge #	
Agency:			
Name:		_Badge #_	
A man av			

## Other information:

<ol> <li>Were you given a citation of (If yes, attach a copy of all  </li> </ol>		s No	
2. Have you filed a case or co	omplaint regardir	ng this matter with any of the following?	
Kansas Human Rights Commission City Human Rights Commission Attorney State or Federal Court		U.S. Dept. of Justice Other Federal Agency NAACP or ACLU Other:	
If yes, provide information belo	ow and attach all	correspondence from that office.	
For any item checked above, prefollowing information:	olease send copi	es of documents, and provide the	
Name of Agency:			
Location:			
Date Filed:	Date of Trial or Hearing:		
Case/Docket Number:	Invest	igator's Name:	
Status of case:			

Version 20130425

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#### **Description of Incident:**

Please describe what happened, in detail. Include actions or statements made by the law enforcement officer(s) that you believe indicate bias. Use additional pages, if necessary. Bias: ☐ Race ☐ Ethnicity ☐ Gender ☐ Religion ☐ National Origin I verify under penalty of perjury that the foregoing is true and correct. Executed on the \_\_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_. Name: (printed) Signature: \_\_\_\_ If prepared by a person other than the complainant: Preparer's Name: (printed)

Signature: