



# Kansas Attorney General

## Derek Schmidt

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[www.ag.ks.gov](http://www.ag.ks.gov)

### COMPLAINT

#### ALLEGATION OF RACIAL OR OTHER BIASED BASED POLICING PURSUANT TO K.S.A. 22-4606, 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. 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. "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. "Enforcement actions" are enumerated in K.S.A. 22-4609, and amendments thereto, as: (a) determining the existence of probable cause to take into custody or to arrest an individual; (b) constituting a reasonable and articulable suspicion that an offense has been or is being committed so as to justify the detention of an individual or the investigatory stop of a vehicle; or (c) determining the existence of probable cause to conduct a search of an individual or a conveyance.

In accordance with K.S.A. 22-4611, and amendments thereto, 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. Local law enforcement agencies have procedures in place to investigate misconduct complaints against officers, need to know about potential problems, and have the authority to discipline the officers.

Citizens may also file a complaint with the Office of the Attorney General (OAG) on this form. If you are under 18 years of age, a parent or guardian may file for you. **By law, the OAG must send a copy of the complaint and all accompanying documentation to the accused officer and to the head of the accused officer's law enforcement agency.** The OAG will review the complaint to determine if it alleges the unreasonable use of race, ethnicity, national origin, gender or religion by a law enforcement officer in deciding to initiate an enforcement action. If so, it will be forwarded 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.

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 deliver it to:*

*Office of the Attorney General/Biased Policing  
120 SW 10<sup>th</sup> Ave., 2<sup>nd</sup> Floor  
Topeka, KS 66612-1597  
FAX: (785) 296-6296  
Email: [rob主@ag.ks.gov](mailto:rob主@ag.ks.gov)*

**Complainant Information:**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone 1: ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Incident information:**

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ( ) PM ( )

Location: \_\_\_\_\_  
(Address or other location, city, county and state)

**Witnesses to this incident (If known):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Law Enforcement Officer(s) involved in this incident:**

Name: \_\_\_\_\_ Badge # \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Badge # \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Badge # \_\_\_\_\_

Agency: \_\_\_\_\_

