

ABUSE DOCUMENTATION FORM/FORMA DE DOCUMENTACIÓN DE ABUSO

Coalición de Derechos Humanos ■ P.O. Box 1286 ■ Tucson, AZ 85702 ■ (520) 770-1373

I. ORGANIZATION INFORMATION/INFORMACIÓN DE LA ORGANIZACIÓN

Staff Name/Entrevistado por:

Interview Date/Fecha de la entrevista:

II. CONTACT INFORMATION/INFORMACIÓN SOBRE LA PERSONA

Name/Nombre

Sex/Sexo:

Address/
Dirección:

Phone Number/
Número de teléfono:

National Origin/Nacionalidad:

Immigration Status(Indicate one)/Estatus legal: (escoja un): **Passport/Pasaporte** **Resident/Residente**
Citizen/Ciudadano **Unknown/No sabido** **Other/Otro**

Traveling(Indicate one)/Viaja: (escoja uno) **N/A** **Alone/Solo** **With a group/En grupo**
with family/con familia **w/other (list)/Otro (ennumere)** **Unknown/No sabido**

III. AUTHORITY INFORMATION/INFORMACIÓN ACERCA DE LAS AGENCIAS INVOLUCRADAS

Agency(check one)/Agencia : (escoja una)

☐ Police Department/Departamento de Policía

☐ Sheriff

☐ U.S. Border Patrol (INS)/Migra

☐ Individual/Persona

☐ Other/Otra

City/Ciudad:

County/Condado:

Location/Localidad:

Location/Localidad:

Location/Localidad:

IV. COMPLAINT/QUEJA

Complaint/Queja:

V. INCIDENT INFORMATION/INFORMACIÓN SOBRE EL INCIDENTE

Date/Fecha:

Time/Hora:

Location (give details)/Localidad (específico):

Officer Name/Badge #/Car #/ Nombre de Oficial/ # de Placa/# de Patrulla:

Reason given for stopping complainant/Razon dada por la cual lo detuvo:

Were there any witnesses?/¿Hubo testigos?

Name/s & phone number/Nombre y número de teléfono:

Describe the incident/Describe el incidente:

Action Taken: _____ Initials: _____

Coalición de Derechos Humanos/Alianza Indígena Sin Fronteras
P.O. Box 1286 Tucson, AZ 85702 Phone: (520) 770-1373 Fax: (520) 770-7455
Intake Form

Staff name: _____

Date of Interview: _____

☐ Phone ☐ Walk-in

Date of initial Contact: _____

☐ Phone ☐ Walk-in

Complainant Information

Name: _____

Language: _____

Address: _____

Phone Number: _____

Hours available for interview: _____

Position at employment site: _____

How long have you worked there? _____

Employer Information

Name: _____

Name of business: _____

Address: _____

Phone Number: _____

Type of business: _____

Approximate Number of Employees: _____

Is the Employer Organized: ☐ Yes ☐ No

If so, identify Union: _____

Complaint:

Type of Problem:

☐ Unfair Dismissal

☐ Problems with Wages

☐ Discrimination

☐ Benefit Claim

☐ Organizing Drive

☐ Safety/Injury Issue

☐ Other (*Specify*) _____

Approximate date of incident: _____

Describe the problem/incident:

Are fellow workers experiencing similar problems?

☐ Yes ☐ No

Are they willing to talk about the situation? _____

Name(s) and contact information: _____