

OFFICE OF THE ATTORNEY GENERAL

CIVIL RIGHTS OFFICER FORM –Filemaker Database

PRINT \* PRINT

Department \_\_\_\_\_

Address (Mailing) \_\_\_\_\_

Chief / Sheriff \_\_\_\_\_

Civil Rights Officer Information

Name \_\_\_\_\_

Rank / Title \_\_\_\_\_

Telephone \_\_\_\_\_ EXTENSION \_\_\_\_\_

\*E-mail \_\_\_\_\_

\*\*Cellular \_\_\_\_\_

\*Must include email; \*\* Please indicate "PRIVATE" if the cell# is a personal phone and not an agency cell number

**Other Contact Information**

\_\_\_\_\_

Department Telephone Number (Business Line)

\_\_\_\_\_

After Hours – Dispatch Number