FRANKLIN & MARSHALL COLLEGE POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

This form is to record citizen complaints against the Department of Public Safety/Campus Police and it’s members. Citizens are to complete the form and return it to a Shift Supervisor, Sergeant or Officer in Charge, or Command Staff personnel. The receiving Supervisor will provide the citizen with a photocopy of the completed form and forward the original form in a secured envelope to the Captain, Associate Director of Public Safety for review and investigative action.

To the citizen making the complaint:
Please understand that if you desire to file an anonymous complaint our ability to investigate the complaint might be limited by your anonymity.

Knowingly filing a false report to a law enforcement officer is a violation of Section 4906 of the Pennsylvania Crimes Code.

INFORMATION
Date of form completion/submission: ________________________________________________
Date of event for complaint: ________________________________________________________
Name of Complainant: ____________________________________________________________
Address: _______________________________________________________________________
_____________________________________________________________________________
Contact Number: _______________________________________________ (include area code)

COMPLAINT INFORMATION  (Please be specific in the information provided)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

(You may continue this narrative on the reverse side of this form as needed)

Receiving Supervisor: ______________________________    ___________________________  
(Signature)                                                              (Print)
Date Received: ______________

Citizens Complaint Form- Version 1.0, Revised 030510
Policy and Procedure 2.3.1, Appendix A.