CITIZEN COMPLAINT FORM

This form is to record citizen complaints against the Department of Public Safety and its 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 office 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)

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

Receiving Supervisor: __________________________ (Signature) __________________________ (Print)

Date Received: __________________________