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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Southwestern College Police Department**  **Complaint Form** | | | | | | | | | | **Case Number** | | | | | |
|  | | | | | |
| **INSTRUCTIONS:** Please complete this form and describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. Describe what aspect(s) of the incident was improper (i.e. your specific complaint), and how it could be resolved to your satisfaction. Attach additional sheets of paper if needed. | | | | | | | | | | | | | | | |
| **COMPLAINANT** | | **Complainant Name** | | | | | **Birthday** | | | | | **Home Phone** | | | |
|  | | | | |  | | | | |  | | | |
| **Home Address** | | | | | **City** | | | | | **State** | | **Zip** | |
|  | | | | |  | | | | |  | |  | |
| **Home Phone** | **Cell Phone** | | **Work Phone** | | | | **Email** | | | | | | |
|  |  | |  | | | |  | | | | | | |
| **INCIDENT INFORMATION** | | **Location of Incident** | | | | | **Date** | | | | | **Time** | | | |
|  | | | | |  | | | | |  | | | |
| **Involved SWCPD Personnel** | | | | | | | | | | | | | |
| **Name** | | | | **Badge No.** | | **Name** | | | | | | | **Badge No.** |
|  | | | |  | |  | | | | | | |  |
| **Name** | | | | **Badge No.** | | **Name** | | | | | | | **Badge No.** |
|  | | | |  | |  | | | | | | |  |
| **Other Witness(es)** | | | | | | | | | | | | | |
| **Name** | | **Home Address, City, State, Zip** | | | | | | | **Home Phone** | | **Other Phone** | | |
|  | |  | | | | | | |  | |  | | |
| **Name** | | **Home Address, City, State, Zip** | | | | | | | **Home Phone** | | **Other Phone** | | |
|  | |  | | | | | | |  | |  | | |
| **INCIDENT DETAILS** |  | | | | | | | | | | | | | | |
| CONTINUE (Please continue typing on page 2) | | | | | | | | | | | | | | |
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| COMPLAINANT’S SIGNATURE |  | DATE |

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| **OFFICE USE ONLY** | | | | | | | | | | | | |
| Receipt Method: | | | | | In Person  Telephone  Email  Letter  Other | | | | | | | |
| Receipt Disposition: | | | | | Referred to Supervisor?  Yes  No, why not?  Complainant absent  Policy Complaint only  Other: | | | | | | | |
| Receiving Employee Name: | | | | |  | ID # |  | Date: |  | Referred to: |  |  |
|  | | | | |  | | | | | | | |
| SUPERVISOR DISPO:  (informal inquiries only) | | | | | No Policy Violation  Policy Violation ( Referred for PS # or  Verbal counseling )  RP was  Subject of contact/service  Parent/Guardian of subject  Other 3rd Party  Anonymous  This was a  Service related inquiry  Service complaint against officer  Service complaint against agency  Type:  Timeliness of response  Demeanor  Driving  Inadequate Inv. Other: \_     \_ | | | | | | | |
| INIT: |  | | ID: |  |
| DATE: | |  | | |

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| --- |
| INCIDENT DETAILS (Continuing) |
|  |