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| **Southwestern College Police Department****Complaint Form** | **Case Number** |
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| **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 [ ]  AnonymousThis was a [ ]  Service related inquiry [ ]  Service complaint against officer [ ]  Service complaint against agencyType: [ ]  Timeliness of response [ ]  Demeanor [ ]  Driving [ ]  Inadequate Inv. [ ] Other: \_     \_ |
| INIT: |    | ID: |    |
| DATE: |       |

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| INCIDENT DETAILS (Continuing) |
|       |