FRANKLIN & MARSHALL

DEPARTMENT OF PUBLIC SAFETY

CITIZEN COMPLAINT FORM

This form is to record citizen complaints against the Department of Public Safety 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.

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: _____