

GREENSBURG POLICE DEPARTMENT CITIZEN COMPLAINT FORM

This form should be used to register a complaint against any employee of the Greensburg Police Department whose conduct, behavior, or actions are considered illegal, improper, unnecessary, or inappropriate. Please print all information clearly and legibly on the spaces provided so the department's investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Shift Supervisor. You will be contacted at a later time with regard to your complaint and the status of the investigation.

Complaint Information

Your Name

Today's Date

Your Address

Date and Time of the Incident

Telephone (Work/Home)

Location of Incident

GPD Employee(s) involved: _____

Witness(s) to incident:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Complaint Summary

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Be detailed and use additional paper if needed.

The complaint as stated above is in my own words and details any personal experience with and/or observations of any employee of this Office. To the best of my knowledge, the above allegations are true and were made in good faith. I understand that any untrue statements intentionally made could result in criminal/civil action being taken against me by either the Greensburg Police Department, the employee subject to this complaint, or both.

Signature of Complainant: _____ Date: _____

Signature of employee to whom this form was given: _____ Rank: _____

Assignment: _____ (Division Supervisor / IA Assignment)

Additional Summary

Signature

GPD DEPARTMENT USE ONLY

Supervisor Summary of Initial Complaint:

Specific Issue(s) Outlined in Complaint:

Supervisor Preliminary Investigation:

- Interviewed Complainant Interviewed Witnesses Identified GPD Employee(s)
 Secured Communication Records Canvas Area for Information Reports Attached
 Photos- Citizen/ GPD Employee Video Tapes Medical Records Notifications

Shift Supervisor Signature/ Date

Division Supervisor Signature/ Date

Chief of Police Signature/ Date

Forward to IA for Investigation

IA Officer Assigned: _____

Chief of Police Signature/ Date