

**SGSC CAMPUS POLICE
INFORMAL COMPLAINT REPORT**

Your Name _____

Home Address _____ Phone () _____

Work Address _____ Phone () _____

Incident Date and Time _____

Location of Incident _____

Name(s) of Employee(s) Involved (if known) _____

Name(s) of Witness(s) _____

Address _____

Phone () _____ () _____

Additional witness information attached.

Did you speak to a supervisor at the Campus Police Department regarding the incident? YES NO

If you've already spoken to a supervisor, name of supervisor: _____

DO NOT WRITE BELOW THIS LINE-FOR DEPARTMENT USE ONLY

Name of employee receiving complaint: _____

Forwarded to Chief of Police Date _____

Employee Initials

**SGSC CAMPUS POLICE DEPARTMENT
INFORMAL COMPLAINT REPORT**

Statement of _____

Written by _____

Narrative

What do you think the officer/employee did wrong? _____

What do you think should happen to the officer/employee? Why?

I SWEAR under the penalty of perjury, that the information contained herein is true and correct the best of my personal knowledge. By signing below, I understand that any false statements given may result in charges with the offense of false swearing.

Signature and Date

Print Full Name

Best Time to Contact You

