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