Carlisle Police Department

Complaint Control Form

Complaint #:	Type of Complaint Bias Conduct Alleged: Yes__; No__	**Original** to: Supervisor **Copy** to: Complainant at time of complaint **Copy** to: *Division of Police Standards* (POST)

Date of Complaint	Time of Complaint	Day:	How Complaint Was Received	__In Person __Mail __Email __Telephone __Other __Online __POST(DPS)
Date of Occurrence	Time of Occurrence	Day:	Location of Incident (#, Street, City)	
Complainant (last, first, M)			Address (#, Street, City, St, & Zip Code)	

Phone: (Home) (Work)	Sex: __Male __Female	Race	Age	D.O.B.	Married: __Yes __No

Result of: __Parking Complaint __Arrest Traffic Citation__ __Injury __Field Interrogation Other___	Signature of Complainant if Complaint Resolved at Time of Complaint: _____	Date:

Narrative:

(continue on reverse if necessary)

WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to $500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a FALSE REPORT of a crime on this form.

Complainant Signature:_____

Complainant's Parent or Guardian if Complainant is under (<18) Eighteen:_____

(1.) Name of Employee Complained Against:				Badge No. / Employee ID No.		**POST-C Certification Identification No.**	
Sex: __Male __Female	Race: __W; __B __A; __M; __H: __I: __O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(2.) Name of Employee Complained Against:				Badge No. / Employee ID No.		**POST-C Certification Identification No.**	
Sex: __Male __Female	Race: __W; __B __A; __M; __H: __I: __O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes

(1.) Name of Witness:		Address			
Phone	Sex: __Male __Female	Race	Age	D.O.B	Married: __Yes __No
(2) Name of Witness:		Address			
Phone	Sex: __Male __Female	Race	Age	D.O.B	Married: __Yes __No
Signature of Supervisor Receiving Complaint				I.D. No.	Tour of Duty
Superior Officer Assigned to Investigate Complaint					I.D. No.
Chief Notified: __Yes __No		Notified by:	Time		Date

Narrative: