

This form should be used to register a complaint against any employee of the Greensburg Police Department whose conduct, behavior, or actions is considered 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 Your Address Telephone (Work-Home)		Today's Date Date Time of Incident			- 19	
					<u></u>	
		Location of Incident				
GPD Employee(s) involve	ed:			8 × 0	6	
Witness to incident:						
Name	Address			Phone		
Name	Address		·	Phone		
COMPLAINT SUMMAR In your own words, please Be detailed and use additi	describe your com	plaint and the all	leged actions	of the employee(s)) in question	
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to the second						
The complaint as stated above is in the best of my knowledge, the abov could result in civil action being tal	e allegations are true and w	vere made in good faith	. I understand that	any untrue statements in	tentionally made	
Signature of Complainant	:		Date:	3 2 5		
Signature of employee to	whom this form wa	s given:		Ran	ık:	
				Supervisor / IA Investigation)		

GPD DEPARTMENT USE ONLY

Supervisor Summary of Initial Complaint:	
Specific Issue(s) Outlined in Complaint:	
Supervisor Preliminary Investigation:	
() Interviewed Complainant () Interview	red Witnesses () Identified GPD Employee(s)
() Secured Communication Records () C	Canvass Area for Information () Reports Attache
() Photos – citizen / GPD employee () V	ideo Tapes () Medical Records () Notification
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	