

# CAPITOL POLICE PERSONNEL COMPLAINT REPORT

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|------------------------|
| <b>INCIDENT NUMBER</b> |
|------------------------|

## I. COMPLAINANT:

|   |                  |
|---|------------------|
| NAME (LAST, FIRST, MIDDLE)                |                  |
| RESIDENCE ADDRESS                         | RESIDENCE PHONE  |
| EMPLOYMENT ADDRESS                        | EMPLOYMENT PHONE |
| OTHER PERSON'S NAME (LAST, FIRST, MIDDLE) |                  |
| RESIDENCE ADDRESS                         | RESIDENCE PHONE  |
| EMPLOYMENT ADDRESS                        | EMPLOYMENT PHONE |

## II. ALLEGED INCIDENT OCCURRED:

| DAY OF WEEK                  | DATE | TIME | COMPLAINT ALLEGATIONS |                  |      |
|------------------------------|------|------|-----------------------|------------------|------|
|                              |      |      | A.M.                  | CRIMINAL CONDUCT | BOTH |
|                              |      |      | P.M.                  | MISCONDUCT       |      |
| INCIDENT LOCATION            |      |      |                       |                  |      |
| COMPLAINT AGAINST ACTIONS OF |      |      | RANK/TITLE            | BADGE NO.        |      |
| COMPLAINT AGAINST ACTIONS OF |      |      | RANK/TITLE            | BADGE NO.        |      |

## III. POSSIBLE WITNESSES:

|   |                  |
|---|------------------|
| NAME (LAST, FIRST, MIDDLE)                |                  |
| RESIDENCE ADDRESS                         | RESIDENCE PHONE  |
| EMPLOYMENT ADDRESS                        | EMPLOYMENT PHONE |
| OTHER PERSON'S NAME (LAST, FIRST, MIDDLE) |                  |
| RESIDENCE ADDRESS                         | RESIDENCE PHONE  |
| EMPLOYMENT ADDRESS                        | EMPLOYMENT PHONE |

## IV. BRIEF EXPLANATION OF ALLEGATION:

## V. CERTIFICATION OF FACTS:

I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties set forth in Chapter 49 Subchapter A of the Crimes Code of Pennsylvania relating to Perjury and Falsification In Official Matters.

\_\_\_\_\_, 20\_\_\_\_ (SIGNATURE OF COMPLAINANT)

AND NOW, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I certify the complaint has been properly sworn before me.

\_\_\_\_\_  
(NOTARY PUBLIC) (SEAL)

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**VI. BRIEF EXPLANATION OF ALLEGATION: (CONTINUED)**

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(PLACE YOUR INITIALS AFTER LAST WORD IN EXPLANATION OF ALLEGATION)

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**VII. COMPLAINT RECEIVED:**

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| DAY OF WEEK             | DATE         | TIME                                  | COMPLAINT ALLEGATIONS |           |           |
|-------------------------|--------------|---------------------------------------|-----------------------|-----------|-----------|
|                         |              |                                       | A.M.                  | IN PERSON | TELEPHONE |
| COMPLAINT RECEIVED FROM |              | COMPLAINT REC'D BY (SIGNATURE & RANK) |                       |           | BADGE NO. |
| COMPLAINANT             | OTHER PERSON |                                       |                       |           |           |