



**POLICE CIVILIAN COMPLAINT FORM**

PA 3962 / 08-10

Force     Abuse of Authority     Discourtesy     Ethnic/Bias     Other    CCC # \_\_\_\_\_

<b>Date of Occurrence</b>		<b>Time of Occurrence</b>		<b>Location of Occurrence</b>			<b>Facility</b>
<b>Day of Week</b>	<b>Municipality</b>	<b>How Complaint Received</b> <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> U.S. Mail			<b>Receiving Command</b>	<b>Date</b>	<b>Time</b>
<b>Date Reported</b>		<b>Time</b>	<b>CCIU Notified    If yes, Title and Name of Person Notified</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Person Assisting</b>			<b>Complainant's Name (Last, First, M.I.)</b>				
<b>Complainant's Address (Street)</b>			<b>Apt. #</b>	<b>City/Town</b>		<b>State</b>	<b>Zip Code</b>
<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>		<b>Home Phone</b> ( ) -		<b>Business/Cell Phone</b> ( ) -	
Rank/Name of Police member complained of (if unknown, provide detailed description of officer and type of duty performed), if more than one officer complained of, state number of police officers involved, or officers that might have been at the scene.							
<b>Rank</b>	<b>Name</b>		<b>Badge #</b>	<b>Tax #</b>	<b>Car #</b>	<b>Command</b>	<b>Specialized Unit</b>
1							
2							
<b>Witness/Victim (Last, Name, First, M.I.)</b>			<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>		
<b>Address (Street)</b>			<b>Apt. #</b>	<b>City/Town</b>		<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b> ( ) -			<b>Business/Cell Phone</b> ( ) -				
DETAILS of COMPLAINT ( <b>describe briefly</b> ). List any additional subject officers and/or witnesses. Use reverse side if needed.							
<b>I certify that the foregoing statements made by me are true. I understand that knowingly submitting false information is unlawful.</b>							
Complainant's Signature <b>X</b>						Date	
Title and Signature of member receiving complaint <b>X</b>				Name (Print)		Date	
<b>INSTRUCTIONS FOR THE RECORDING OFFICER</b> Complete reverse side of this form and forward with all relevant paperwork to the CCIU, Room 309 PATC upon completion. Utilize CCRB 2 Form if complainant chooses to write his/her own account of the incident. NOTE: The Complainant will be mailed a copy of this report as a receipt. Additionally, upon completion of an investigation the Civilian Complaint Review Board will make a determination and then notify the Complainant, in writing, of the final outcome.							

**DETAILS of COMPLAINT (continuation)**

**RECORDING OFFICER CHECK LIST**

CCC # \_\_\_\_\_

COPIES OF ALL APPLICABLE REPORTS:

- ROLL CALL
- ARREST OR PACKAGE SUMMON(S) ISSUED
- COPY OF MEMOBOOKS OF OFFICERS INVOLVED
- COPY OF CAD/ACTIVITY LOG – (when applicable)
- HANDWRITTEN REPORT(S)
- OTHER PERTINENT DOCUMENTS

DID YOU:

- ATTEMPT TO IDENTIFY THE SUBJECT OFFICER(S)**
- ATTEMPT TO LOCATE WITNESSES**

GIVE THE COMPLAINANT:

- CCC NUMBER
- CCIU 800 PHONE NUMBER (1-800-435-2035)

IF ALL BOXES ON THE FRONT OF THIS FORM ARE NOT COMPLETED STATE THE REASON

PHYSICAL CONDITION OF THE COMPLAINANT OR CIVILIAN WITNESS(ES); i.e. injuries, any visible marks, influence of drugs, alcohol. **NOTE: Any allegations of injuries to complainants or criminal activity committed by Members of the Service are to be brought to the immediate attention of the Commanding Officer of CCIU/SIU.**

- COMPLAINANT:
- WITNESS:
- NO REPORT OF INJURIES**

Recording Officer's Name: \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

Tour Commander's Name: \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature