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| **Complaint Against Department Member/s** |
| **Department: Moravian College Police Department** |
| Date of this Report / (m/d/yy): Time:       |

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| **Complainant Information** **(Please Print if hand written)** |
| [ ]  Student | [ ]  Faculty | [ ]  Staff | [ ]  Non-Student |
| First Name:       | Last Name:       |
| Date of Birth:       | Social Security #:       |
| Address:       | City:       | State:       | Zip:       |
| Home Phone:       |
| Cell Phone:       |
| E-mail:       |

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| **Incident Information** |
| **Incident Complaint Number / If Known** | **Date of Incident / (m/d/yy)** | **Time of Incident:** |
|       |       |       |
| **Location Where Incident Occurred** |  |
| [ ]  On Campus Property [ ]  Off Campus Property [ ]  Other:       |
|  |
| **Name of Person(s) You Are Complaining About, If Known:**  |
| 1:       | 3:       |
| 2:       | 4:       |
|  |
| **Have You Reported This To Anyone Previously?** [ ]  Yes [ ]  NO |
| **If So, To Whom:**  | Date Reported / (m/d/yy):       |
| First Name:       | Last Name:       |

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| **Witnesses To Event** |
| First Name:       | Last Name:       |
| Address:       | City:       | State:       | Zip:       |
| Home Phone:       | Cell Phone:       | E-mail:       |
|  |
| First Name:       | Last Name:       |
| Address:       | City:       | State:       | Zip:       |
| Home Phone:       | Cell Phone:       | E-mail:       |
|  |
| First Name:       | Last Name:       |
| Address:       | City:       | State:       | Zip:       |
| Home Phone:       | Cell Phone:       | E-mail:       |

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| **Summary of Occurrence (typing please use this page)** |
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| **Summary of Occurrence (Hand written please use this page)** |
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| Person Completing Summary | Badge Number | Date: | Time: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_\_\_:\_\_\_\_\_\_ |

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| I hereby attest that the information that I have provided is true and correct to the best of my knowledge and belief |
| **Please Read Before Signing** |
| I understand that it is a violation of PACC 4904 relating to Unsworn Falsification to make any written false statement which I do not believe to be true. In the event the report is proven to be false, the information may be provided to the District Attorney for possible prosecution. |
| Signature of Complainant: | Date: |

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| **To Complainant** |
| 1. You should receive a copy of this form.
2. You will be contacted regarding your complaint.
3. If you have any questions you may contact the Chief of Police by E-mail or Telephone.
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| Person Receiving Complaint  | Badge Number | Date: | Time: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_\_\_:\_\_\_\_\_\_ |

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| **Contact Information** |
| George J. Boksan '78Chief of Police**Moravian College Police Department**119 W. Greenwich Street. Bethlehem PA, 18018Phone: 610-861-1421E-mail: boksang@moravian.edu |