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