



PLUM BOROUGH POLICE DEPARTMENT PERSONNEL COMPLAINT

Form Instructions

Blocks #1 through #5 are mandatory.

Block #1 - NAME – Full Name

Block #2 – ADDRESS – Address and Contact Information

Block #3 - REMARKS – Please provide a brief description of the events leading up to your initial contact with Plum Police personnel. In describing the incident, thoroughly detail the events surrounding your complaint, including the date, day of week and time of day. Also list the names, addresses and telephone numbers of anyone who was present when the incident occurred. If your complaint includes verbal abuse or rudeness, include the specific term, phrase or language you found offensive.

If an arrest action has taken place by the Plum Police, personnel complaints filed with this department will have no impact upon such cases. Issues regarding the validity of an arrest must be adjudicated before the appropriate judicial authority. In accordance with due process, you are entitled to request a hearing/appeal and present those issues before the judiciary identified on the citation/summons.

Block #4 – SIGNATURE – An original signature must be placed on the Complaint Verification Form.

Block #5 – DATE – Date the form was signed.



PLUM BOROUGH POLICE DEPARTMENT
PERSONNEL COMPLAINT

INCIDENT NO.

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COMPLAINANT INFORMATION

1. NAME	FIRST	M.I.	LAST	
2. HOME ADDRESS	STREET/P.O. BOX			
	CITY		STATE	ZIP
	PRIMARY TELEPHONE NO.	ALTERNATE TELEPHONE NO.	E-MAIL	

3. REMARKS	PROVIDE A DETAILED NARRATIVE OF THE INCIDENT. IF THE COMPLAINT INVOLVES VERBAL ABUSE OR RUDENESS, STATE THE SPECIFIC TERM, PHRASE, OR LANGUAGE CONSIDERED TO BE OFFENSIVE. IF THE COMPLAINT CONCERNS DISSATISFACTION WITH AN INVESTIGATION OR OTHER POLICE SERVICE, EXPLAIN WHAT ACTION OR OMISSION WAS UNACCEPTABLE. IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE.

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I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, OR BELIEF.

4. SIGNATURE	5. DATE
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