MISCONDUCT COMPLAINT FORM

The Shippensburg Police Department has created this form to provide an avenue for public comment, feedback and concerns on the performance of our agency and its members.

Your name and address are not necessary, but will provide us with a means of contacting you should we need additional.

Date, time location of the incident____________________________________________

Name of officer or officers involved (if known) ________________________________

Complaint Information (Please be as specific as possible) ______________________

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(If not enough space a sheet may be attached with additional info)

Your information (Not Required)
Name: ________________________________________________________________
Address: ______________________________________________________________
Phone Number: ___________________________ Best time to contact you:___________

Witnesses Name: ___________________________ Address ______________________
Phone Number: __________________________

Witnesses Name: ___________________________ Address ______________________
Phone Number: __________________________

I, __________________________________________ do hereby affirm that the forgoing information provided by me is true and complete to the best of my knowledge and belief, I understand that any false, misleading or untrue statements, accusations herein made by me, in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may subject me to civil suit and/or criminal prosecution.

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