

**University of Pittsburgh Police Department
Civilian Complaint Form**

Complainant

Last Name			
First Name		M.I.	

Your Address

Number and Street	
City	
State/Zip	
Phone	

Employee#1 information

Name	
Badge	
Name Unknown- description	

Employee#2 information

Name	
Badges	
Name Unknown- description	

Nature of Incident

Location	
Date	
Time	

Description of Your Complaint

Complaint # _____

Attachments Yes No

Description of Your Complaint continued

Signature		Date	
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Please do not write below this line for internal use only

Complaint received	<input type="checkbox"/> In person	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
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Supervisor	
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Badge #	
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Date	
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Time	
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Verification letter sent to complainant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date sent	
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Investigative supervisor	
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Duty Assignment	
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Complaint #	_____
Attachments	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please do not email unencrypted information
 send via U.S.Mail to:
 Chief Tim Delaney
 G1N30 Posvar Hall
 Pittsburgh PA 15260
 University of Pittsburgh Police Department - Created 11/1/02

