CARLISLE POLICE DEPARTMENT

240 Lincoln Street Carlisle, PA 17013 717-243-5252

MISCONDUCT COMPLAINT FORM

This form should be completed for the filing of a complaint against any employee of the Carlisle Police Department. If the complaint is received via telephone, a police employee may complete the form. A supervisor is to complete the form in cases of anonymous complaints.

COMPLAINANT INFORMATION

Name:		Phone #:	
Address:			
Other location complainant can be reached:			
WITNESSES			
Name:		Name:	
Address:		Address:	
Phone #:		Phone #:	
Date of Complaint:	Type of Complaint:		
Date of Time of Incident:			
Location of Incident:			
Officer(s) of Employee(s) Involved:			
Description of Incident or Conduct Prompting Complaint:			
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 or allegations 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.			
Signature of Complainant:			Date:
Complaint Received By:			Date: