

**TOWN OF BLOOMSBURG POLICE DEPARTMENT
BLOOMSBURG, PA**

CITIZEN/POLICE COMPLAINT FORM/CONFIDENTIAL

Complainant's Name _____ Home Phone _____
Address _____ Bus. Phone _____
Witnesses Name _____ Home Phone _____
Address _____ Bus. Phone _____
Name of Supervisor Receiving Complaint _____ Date/Time _____

Nature of Complaint _____

Type of Incident _____

Location _____

Date/Time Occurred _____

Synopsis _____

Additional Page(s) _____ Yes _____ No Officer/Personnel Involved: _____

A. Investigated by Supervisor B. Referred for I.A. by _____ Date/Time _____

Supervisor Conducting Inquiry _____

Results of Supervisors Inquiry _____

Supervisors Disposition: A. Sustained B. Not Sustained C. Unfounded D. Exonerated

Action Taken or Recommended: _____

CHIEF OF POLICE _____ Date _____ Concur Not Concur

Action Taken or Recommended: _____