



Cornell University Police Citizens Complaint/Allegation Form

CP327-0108.2

Complaint Number: I-

Complainant's

Name: _____

Date of Birth: _____

Complaint Received:

1. In Person _____

2. Telephone _____

3. Letter _____

4. Email _____

Complainant's Address:

(Street)

(City)

(State)

(Zip Code)

(Phone)

(Place of Employment)

(Address)

(Phone)

Witness Information:

Name

Address

Phone

Officer(s) Involved:

Name

Badge #

Name

Badge #

Location and Time:

Location of Incident

Date Occurred

Time Occurred

Location Reported

Date Reported

Time Reported

OIC Receiving Complaint

(Signature)

Date

Badge #

*Complete this form for any allegation/complaint against an employee or the department. Forward this form to the Commander of MIU for review.