

MSUM Public Safety Department Personnel Complaint

Employee(s) Involved: _____ Badge # _____

_____ Badge # _____

Complainant's Name: _____

Address: _____ Phone # _____

Location of Occurrence: _____

Date/Time of Occurrence: _____

Witness Name(s): _____ Phone # _____

Address: _____

Details of Complaint (attach additional pages if necessary) _____

FOR OFFICE USE ONLY

Employee Receiving Complaint: _____ Date/Time Received: _____

Assigned Sergeant: _____ Date Assigned: _____ Date Completed: _____

Disposition:

SUSTAINED [] NOT SUSTAINED [] UNFOUNDED [] EXONERATED [] POLICY FAILURE []

Date of Disposition Determination: _____

Director of Public Safety/Designee: _____