HARRISBURG AREA COMMUNITY COLLEGE

DEPARTMENT OF SAFETY AND SECURITY

CITIZEN COMPLAINT FORM

This form is to record citizen complaints against the Safety & Security Department and it's members. Citizens are to complete the form and return it to a Shift Supervisor. The receiving Supervisor will provide the citizen with a photocopy of the completed form and forward the original form in a secured envelope to the Director of Security for review and investigative action.

To the citizen making the complaint:
Please understand that if you desire to file an anonymous complaint our ability to investigate the complaint might be limited by your anonymity.

INFORMATION

Date of form completion/submission: _____

Date of event for complaint: _____

Name of Complainant: _____

Address: _____

_____

Contact Number: _____ (include area code)

COMPLAINT INFORMATION **(Please be specific in the information provided)**

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(You may continue this narrative on the reverse side of this form as needed)

Receiving Supervisor: _____ _____
(Signature) **(Print)**

Date Received: _____