



**MOUNT UNION BOROUGH
POLICE DEPARTMENT**

28 West Market Street
Mount Union, PA 17066

Office: (814) 542 - 8822
Dispatch: (814) 643 - 3960
Fax: (814) 542 - 4738

COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding Mount Union Police Department policies and procedures, or police response time to a location, should be discussed with a supervisor at the police station. Upon completion of this form, you may either return it in person in a sealed envelope marked "Attention Mayor" to the police station, or mail the top copy to Mount Union Police, ATTN: Mayor, 28 West Market Street, Mount Union, PA 17066. Please keep a second copy for your records.

Name: _____ Phone: _____ Day Evening
Address: _____ Language Spoken _____
Date of Occurrence: _____ Time of Occurrence: _____
Location of Occurrence: _____

Names, Badge Numbers or Serial Numbers of Employees Involved (If known).	Names, addresses, and telephone numbers of witnesses present at the time of occurrence (If known).
_____	_____
_____	_____
_____	_____

(LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE "DETAILS" SECTION.)
Details - (Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like.)

Date: _____ Signature: _____

DEPARTMENT USE ONLY

To be completed by the supervisor receiving this form.
Supervisor's name: _____ Badge Number: _____
Date and time received: _____ Division: _____

Final disposition: _____
(i.e. forwarded to IAG; 01.28.00 initiated; sent correspondence to complainant, etc.) (Attach additional sheets, if needed.) CF NO. DIV. NO.