CITIZEN’S COMPLAINT

Dear Complainant:

A relationship of trust and confidence between employees of the public safety department and the community they serve is essential to effective policing. Public safety officers must be free to initiate enforcement actions in a reasonable manner without fear of reprisal, while respecting the rights of all persons in doing so.

The Bucknell University Department of Public Safety has a citizen complaint procedure in place. This procedure serves to outline the disciplinary process and initiate corrective action, when officers conduct themselves improperly. It also serves to protect officers from unwarranted criticism when they perform their duties properly.

Citizens are encouraged to report improper police conduct. These complaints will be dealt with in a prompt, open and expedient manner.

You should be aware that public safety officers have the same rights as do all citizens to pursue recourse for false allegations. Officers may take civil action, and it is a violation Pennsylvania Criminal Law for anyone to knowingly file a false report to a law enforcement agency to implicate another or to report an offense or incident knowing it did not occur.

Please feel free to contact the office of the Chief of Public Safety during normal business hours if you have any questions regarding this procedure, (570) 577-3333.

Sincerely,
Stephen J. Barilar
Chief of Public Safety
Professional Standards Intake Form

INSTRUCTIONS: This form should be completed by a supervisory member or sworn officer, if no supervisor of the department to formally document complaints and/or allegations of misconduct concerning known or unknown members of the department or the department’s services in general. In addition, supervisors shall use this form to report observed significant violations of Bucknell University Department of Public Safety policies or significant use of force incidents. Completed forms should be routed to the Captain.

Reporting Supervisor’s or Officer’s Name/Title:  ____________________________________________________________________

Type of Report (check one):

☐ Complaint and/or allegation of misconduct
☐ Supervisor’s report of significant policy violation or misconduct *no external complaints; initiated by supervisor*
☐ Supervisor’s report of significant use of force *no external complainant; initiated by a supervisor*
☐ Other matter (specify):  ______________________________________________________________________________

Location of alleged incident:  ___________________________________________________________________________________

Date of alleged incident:  ____/____/____   Time of alleged incident:  __________ hours

Receiving Officer’s Signature:  _______________________________________________       Date____/____/____

Subject Members(s) (if unknown, so state)

Name/Rank/Assmt.:_____________________________________________________________Type*:_______________________
Name/Rank/Assmt.:_____________________________________________________________Type*:_______________________
Name/Rank/Assmt.:_____________________________________________________________Type*:_______________________
Name/Rank/Assmt.:_____________________________________________________________Type*:_______________________

*Member Type:  P=Police Officer, N=Non-Sworn Officer, D=Dispatcher, C=Civilian

Complainant/Reporting Party

Name:_____________________________________________________________________________________________________
Address:___________________________________________________________________________________________________
Daytime Phone: _____________________________________________________________________________________________

Bucknell Affiliation (check one):  □ Student, □ Faculty/Staff, □ Visitor/Other Citizen

Is complainant a suspect charged with committing a crime related to the matter?  □ Yes or □ No

**INITIAL DOCUMENTATION – CHECK ALL THAT APPLY**

☐ Complainant’s written statement attached  ☐ Complainant’s written statement forthcoming
☐ Documentation of complainant’s oral statement attached  ☐ Relevant Incident Report(s) attached
☐ Use of Force supplemental form(s) attached  ☐ No additional information available at this time
☐ Other attachments:__________________________________________________________________________________________
Narrative summarizing matter being reported (detailed narrative should be continued using attachment pages, if necessary):

**PROFESSIONAL STANDARDS UNIT USE ONLY**

P.S. File#:_____________________

Date/Time Logged: Date:_____/_____/_____  Time:__________Hrs.  By:____________________

Chief Notified: Date:_____/_____/_____      By:____________________

Actions Taken:
- □ Supervisory Review
  Assigned To:_____________________________  Date Completed: ____/____/____
- □ Professional Standards Investigation
  Assigned To:_____________________________  Date Completed: ____/____/____
- □ Subject Member’s Notification Letter Sent:  Date Completed: ____/____/____
- □ Administratively satisfied by authority of:__________________;  Date Completed: ____/____/____

Disposition Notifications:
- □ Subject Member’s disposition letter(s) completed  Date Completed: ____/____/____
- □ Complainant disposition letter completed  Date Completed: ____/____/____
- □ Administrative disposition_____________________________  Date Completed: ____/____/____
- □ Other:        Date Completed: ____/____/____