A Message from the Chief of Police

It is part of the mission of the Bucknell Department of Public Safety to deliver quality service to our community in an effective, responsive and professional manner. We welcome all comments from our community on the effectiveness of our services and the manner in which we deliver those services. For minor complaints, we encourage you to speak directly with an employee’s immediate supervisor. For more serious complaints, or when for any reason you would prefer to write the complaint or have it documented, this “Professional Standards Intake Form” may be utilized. You may e-mail it to us, fax it, or deliver it to any supervisory officer on duty. Submissions may also be made anonymously.

The Department is committed to a fair, impartial review of all complaints regarding our procedures or the conduct of our employees. All complaints will be taken seriously and investigated thoroughly. Corrective action will be taken when warranted. State personnel law requires that the actual discipline remain confidential.

Employee misconduct by police department employees is defined as: the commission of a crime, the neglect of duty, a violation of the Department rules and regulations, operating policies and procedures and/or conduct which may tend to reflect unfavorably upon the employee or the Department. If you wish to file a written complaint, please complete the 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):*

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
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**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:  _____/_____/_____  By:____________________

□ Professional Standards Investigation
  Assigned To:______________________________  Date Completed:  _____/_____/_____  By:____________________

□ Subject Member’s Notification Letter Sent:
  Date Completed:  _____/_____/_____  By:____________________

□ Administratively satisfied by authority of:__________________ ;  Date Completed:  _____/_____/_____  By:____________________

Disposition Notifications:

□ Subject Member’s disposition letter(s) completed  Date Completed:  _____/_____/_____  By:____________________

□ Complainant disposition letter completed  Date Completed:  _____/_____/_____  By:____________________

□ Administrative disposition__________________________  Date Completed:  _____/_____/_____  By:____________________

□ Other:  Date Completed:  _____/_____/_____  By:____________________