

**COLLEGE OF CHARLESTON
DEPARTMENT OF PUBLIC SAFETY
REPORT OF ALLEGED POLICE MISCONDUCT**

Complaint # _____
(Assigned by Internal Investigator)

Name of Complainant (Last, First, Initial)

Residence Address

Telephone Number

Name of Officer Complained Against

Rank

Badge Number

Description of Officer if name is not known

Date & Time of Incident

Location of Incident

Describe details of incident on back of this form

Name of Witness

Address

Telephone Number

I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief. I am/am not willing to testify at any hearing in connection with this complaint.

Signature of Complainant

**Signature of Complainant's Parent
or Guardian if he/she is a minor**

Shift Supervisor (Print)

**Recommendation by Patrol
Commander/Assistant Chief**

Case Assigned to _____

Circle Final Disposition of Case Unfounded Exonerated Not Sustained Sustained

Attach Finding to this Form

