MOUNT HOLYOKE

DEPARTMENT OF PUBLIC SAFETY

CITIZEN COMPLAINT FORM

Name of Complainant*: _____

Date of Incident: _____ Time of Incident: _____

Staff Member(s) Involved: _____

Nature of Incident: _____

* Note if this is a serious incident, please ask to speak to the on-duty sergeant immediately.

Please describe the incident below:

* While the complainant name is not required, having a person to whom an internal affairs investigator can speak allows our department to investigate complaints more completely and adds validity to the complaint.