



Carnegie Mellon University
University Police
Citizen Complaint Form



Complainant Name:	
Address:	
Phone Number:	Email Address:
Date of Incident:	Time of Incident:
Location of Incident:	Officer Name(s): <i>(If unknown leave blank)</i>

Please provide a description of the incident:

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Complainant Signature:	Date:
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Sergeant Signature:	Date:
Lieutenant Signature:	Date:
Chief of Police Signature:	Date: