PERSONNEL COMPLAINT / COMPLIMENT FORM

The Hopewell Township Police Department employee(s) that are the subject of this complaint / compliment are:

☐ Sworn Police Officer ☐ Civilian Employee

FULL NAME (please print)_____

HOME ADDRESS _____ APT#_____ CITY _____ STATE ____ ZIP CODE _____

PREFERED PHONE # _____ E-MAIL ADDRESS _____

If you are making a complaint against a sworn police officer, please read the following carefully:

The Hopewell Township Police Department welcomes your complaints and constructive criticism in the interest of better law enforcement. A relationship of trust and confidence between members of the Police Department and the Community is essential to effective law enforcement. Police employees have a special obligation to act in a professional manner and respect the rights of all persons they contact. Therefore, citizens are encouraged to bring complaints about Department operations and the conduct of its employees to the attention of the Hopewell Township Police Department whenever a citizen believes that such action was improper.

The Hopewell Township Police Department acknowledges its responsibility to establish a fair system of complaint and disciplinary procedures which may subject employees to corrective action when they conduct themselves improperly, but will also support employees when they properly discharge their duties. The purpose of these procedures is to provide the public with a just, open, and expeditious investigation of complaints regarding the conduct of employees of this Department.

Hopewell Township Police Department
1700 Clark Blvd.
Aliquippa, PA 15001
724-378-0557

I declare that the allegations contained in this complaint form are true and correct. Statements "Under Penalty" (Title 18 PA Crimes Code, Section 4904) – A person commits a misdemeanor of the third degree, if he/she makes a false statement which he/she does not believe is true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

I have read and understand the above statement.

Complainant Signature _____ Date _____

COMPLAINT / COMPLIMENT DESCRIPTION

Department employee(s) that are subject to this complaint:

EMPLOYEE NAME:_____ RANK/TITLE: _____ BADGE # _____ VEHICLE #_____

EMPLOYEE NAME:_____ RANK/TITLE: _____ BADGE # _____ VEHICLE #_____

EMPLOYEE NAME:_____ RANK/TITLE: _____ BADGE # _____ VEHICLE #_____

LOCATION OF THE INCIDENT: _____ DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

DESCRIBE THE CONDUCT LEADING TO THE COMPLAINT / COMPLIMENT _____

_____

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