

SPRINGETTSBURY TOWNSHIP
POLICE DEPARTMENT

Department Complaint Form (DCF) Instructions

PLEASE FILL IN EACH BLOCK TO THE BEST OF YOUR ABILITY.

Block #1 – COMPLAINANT’S NAME – Full Name

Block #2 – COMPLAINANT’S CONTACT INFORMATION - Address, phone(s), and email.

Block #3 – WITNESS’ NAME – Full Name

Block #4 – WITNESS’ CONTACT INFORMATION - Address, phone(s), and email.

Block #5 –DEPARTMENT PERSONNEL INVOLVED – Include the name, rank, badge or employee number, and the car number, if known. If unknown, describe the involved Department personnel in the remarks.

Block #6 - REMARKS – Please provide a description of the events leading up to your initial contact with Springettsbury Township Police Department personnel. In describing the incident, thoroughly detail the events surrounding your complaint, including the date, day of week, and time of day, along with the identity or physical description of the involved Department personnel. Also list the names, addresses, and telephone numbers of anyone who was present when the incident occurred. If your complaint includes verbal abuse or rudeness, include the specific term, phrase, or language you found offensive. If the complaint involves physical injury, state the injury and action(s) leading to the injury.

Block #7 – SIGNATURE — Sign the form.

Block #8 – DATE- Date form was signed.

Internal Use: The receiving person shall print and sign his/her name, including badge/employee number, and indicate the date/ time of receipt. Additionally, receiving personnel shall indicate the date/time forwarded and to whom the report was forwarded.

NOTICE: If an arrest action has taken place by the Springettsbury Township Police Department, personnel complaints filed with this office will have no impact upon such cases. Issues regarding the validity of an arrest must be adjudicated before the appropriate judicial authority. In accordance with due process, you are entitled to request a hearing/trial and present those issues to the judicial authority.

Questions regarding the completion of the DCF or the status of your complaint may be directed to the Internal Affairs Commander at (717) 757-3525 or via US mail at:

*Springettsbury Township Police Department
1501 Mount Zion Road
York, Pa 17402*

SPRINGGETTSBURY TOWNSHIP POLICE DEPARTMENT

DEPARTMENT COMPLAINT FORM (DCF)

TRACKING #

1. COMPLAINANT NAME:	FIRST	M.I.	LAST
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2. COMPLAINANT CONTACT INFORMATION:	STREET/P.O. BOX			
	CITY			
	STATE	ZIP	HOME TELEPHONE NO.	WORK TELEPHONE NO.
			CELL PHONE NO.	EMAIL ADDRESS

3. WITNESS NAME:	FIRST	M.I.	LAST
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4. WITNESS CONTACT INFORMATION:	STREET/P.O. BOX			
	CITY			
	STATE	ZIP	HOME TELEPHONE NO.	WORK TELEPHONE NO.
			CELL PHONE NO.	EMAIL ADDRESS

5. DEPARTMENT PERSONNEL INVOLVED:	<u>NAME</u>	<u>RANK</u>	<u>BADGE/EMPLOYEE#</u>	<u>CAR#</u>

6. REMARKS: Provide a detailed narrative of the incident. If the complaint involves verbal abuse or rudeness, state the specific term, phrase, or language considered to be offensive. If the complaint involves physical injury, state the injury and action(s) leading to the injury. If the complaint concerns dissatisfaction with an investigation or other police service, explain what action or omission was unacceptable. If additional space is necessary, please use the reverse side.

7. SIGNATURE:	8. DATE:
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Internal use	Rec'd by:	Fwd to:
	Date/Time Rec'd:	Date/Time Fwd: