



Delaware State University Police Department

Complaint Information Sheet

PLEASE READ CAREFULLY

It is most important that the faculty/staff, students, and citizens of Delaware State University have complete confidence in their Police Division, and to this end, measures have been taken to assure adequate, complete and expeditious processing of allegations of misconduct by Department members.

Delaware State University Police Department recognizes that its members are often subject to intense pressures in the discharge of their duties. They must however, remain neutral under circumstances that are likely to generate tension, excitement and emotion. In such situations, words, actions and events frequently result in misunderstanding and confusion. A fair, impartial and exhaustive examination of all allegations and complaints is assured. By keeping the rights of the citizen and the complicated pressures of police work in mind, complaints can then be resolved.

In the interest of fairness to yourself and the officer/employee, you are asked to pause and think about your present actions. If after due consideration, you firmly believe that your that your complaint is justified, we urge you to complete this form. All information involved in this investigation will be held in confidence and will only be utilized in conducting this internal investigation.

In order to initiate your complaint, the attached Complaint Form will need to be completed. If you are unable to complete the form yourself, an officer of the Police Department will assist you. A copy of your complaint will be given to you. The investigating supervisor will communicate with you concerning the investigation of your complaint in the near future.

Whenever a complaint is the basis for an investigation, and the matter is non-criminal, and no corroborating information has been discovered, the officer or employee shall not be offered to submit to a polygraph examination unless the citizen also submits to such an examination which is specifically directed and narrowly related to the complaint.

At this time, if you wish to continue and file your complaint, please complete the form on the reverse of this sheet.



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Date: _____ Time: _____ Officers Name: _____

Name: _____
Last First Middle

Campus Address: (Residence Hall) _____ Room #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Alternate Phone: _____

DSU ID#: _____ DOB: _____ Crime Report Number: _____

Please be as detailed as possible when writing statement.

Signature: _____ Page: _____ of _____